## \*\*\* MassMutual Ascend Affiliates: Annuity Investors Life Insurance Company® Life Insurance Company

1. Annuity Contract Information

Manhattan National Life Insurance Company

## Administrator for:

Continental General Insurance Company® Loyal American Life Insurance Company®

Fixed & Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax Registered Index-Linked Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807-9777 Fax

Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax

Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202

## **ASSIGNMENT OF ANNUITY CONTRACT AS COLLATERAL SECURITY RELEASE FORM**

	•		
	Name of Owner(s)	Contract Number:	
	Name of Assignee	Date of Assignment	
	Address of Assignee		
	Name of Authorized Representative of Assignee	Daytime Phone Number of Assignee:	
2.	2. Release		
clair	nature of Assignee Date	uccessors, and assigns of such Assignee, hereby releases al	
Print Name and Title of Authorized Representative			
	ssMutual Ascend or Affiliate will also require a corporate res ssMutual Ascend or Affiliate may in its discretion require a s	solution or other documentation of the representative's authority. ignature to be notarized.	
3.	Signature Notarization (if applicable)		
	ATE OF) JNTY OF ) SS:		
		, 20, by the Attorney-in-Fact identified above.	
Му	Commission expires:		
•	MM/DD/YYYY Notary Public	[SEAL]	