



Central Security Life Insurance Company
 Western American Life Insurance Company
IRREVOCABLE ASSIGNEE CONSENT

I, _____, being the irrevocable assignee
of policy number _____, do hereby consent to
_____’s (policyowner’s) request to _____
_____.

(Irrevocable Assignee Signature)

(Date)

State of _____ }
} }
County of _____ }

Before me, the undersigned authority, on this day personally appeared _____
_____, known to me to be the person whose name is
subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for
the purpose therein expressed.

Given Under My Hand and Seal of Office

This ____ day of _____, 2____.

(Notary Public)

Notary’s Seal

Notary Public in and for _____
County, _____.

My commission expires: _____.