

ASSIGNMENT OF POLICY

The undersigned Insured under Policy No. _____ of the Farmers Mutual Insurance Company, Ellinwood, Kansas, hereby assigns said Policy of Insurance to:

Name: _____
Address: _____
City/State/Zip: _____
Social Security # _____
Date of Birth: _____
Occupation: _____
Phone #: _____

WHO WILL BE OCCUPYING THIS RESIDENCE? _____

Insured Date

Effective Date of Change: _____

CONSENT TO ASSIGNMENT

The said above named Insurance Company hereby consents to the foregoing assignment of said Policy.

Issued at its _____ Agency, Dated _____

Agent