

# RELEASE OF INTEREST

Policy No: \_\_\_\_\_  
Insured: \_\_\_\_\_

I, \_\_\_\_\_ hereby disclaim any and all interest in the death claim proceeds payable under the above policy and release Equitable from any and all liability regarding the payment of said proceeds for the above policy on the life of the insured.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Surname

PLEASE PRINT

\_\_\_\_\_  
Relationship to Insured

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)