# **SAMPLE ONLY**

# PLEASE USE THIS FORMAT WHEN COMPLETING THE ORIGINAL IRREVOCABLE STOCK OR BOND POWER FORM ATTACHED

The undersigned does her	eby assign to the State of Neva	da, Department of	Business and	Industry, Div	ision of Ins	arance, the
following security,	Description of Security,	CUSIP Number,	Interest Rate	e, Maturity	Date and	Amount
for the sole benefit and pro	ntection of the policyholders of	Name of the	Company		- 11 S	in the
State of Nevada; pursuant	to NRS 682B.015 Additional dep	posit. The security	is being held i	in trust at the	Name and	Address of
Depository (ie. Bank of	New York - 1 Wall Street, 14	<sup>th</sup> Floor - New York	., NY 10286).	This documen	t is irrevocab	le and shall
continue in full force and e	ffect until surrendered to	Name of Depository	4			
with the release of the Div	vision of Insurance endorsed her	eon; provided, howe	ever, that the I	Division of Ins	u <mark>rance, i</mark> n its	discretion,
may present this power at a	any time to <u>Name of Deposi</u>	itory	and upon	delivery of said	d securities by	y <u>Name of</u>
Depository	to the Division of Insurance	, or to the designee	of the Divisio	on of Insuranc	e, <u>Name of</u>	Depository
shall have no further liabili	ty with respect to said securities.					
Co. street address						-
City, state, zip						
		Da	<b>A</b>			
Authorized Signature:	(ie. Company Officer)	Da	ephone no			_
	DIVISION OF INS (For )	URANCE REL Division Use ON				
-	vested in me the securities descri					•
For the State of Nevada, D	ivision of Insurance:					
Title:		Date:				
Title:	Commissioner of Insurance	Date:				_

JOE LOMBARDO Governor

### STATE OF NEVADA

DR. KRISTOPHER SANCHEZ Director

> SCOTT J. KIPPER Commissioner



DEPARTMENT OF BUSINESS AND INDUSTRY DIVISION OF INSURANCE 1818 East College Pkwy., Suite 103 Carson City, Nevada 89706 (775) 687-0700 • Fax (775) 687-0797 Website: https://doi.nv.gov E-mail: finances@doi.nv.gov

#### **IRREVOCABLE STOCK OR BOND POWER**

The undersigned does hereby assign	n to the State of Nevada, Department of Business	and Industry, Division of Insurance, the	
following security,		for the sole	
benefit and protection of the polic	cyholders of	in the	
State of Nevada; pursuant to NR	S 682B.015 Additional deposit. The security is	being held in trust at the	
		This document is irrevocable and	
	ect until surrendered to		
Insurance endorsed hereon; provid	led, however, that the Division of Insurance, in its	s discretion, may present this power at any	
time to	and upon delivery of said securities by to		
the Division of Insurance, or to the	he designee of the Division of Insurance,	shall	
have no further liability with respect	to said securities.		
Co. name	NAIC #		
Co. street address			
City, state, zip			
Authorized Signature:			
Title:	Telephone no:		

### DIVISION OF INSURANCE RELEASE (For Division Use ONLY)

Pursuant to the au	thority vested in me the securities described	above are rel	eased from	the terms	anc	l conditions	of this p	ower	r and
		may	surrender,	deliver	or	otherwise	dispose	of	said
securities in any m	nanner so ordered by							·	
For the State of Ne	evada, Division of Insurance:								
Title:	Commissioner of Insurance	Date	e:						

## THIS NOTARY ACKNOWLEDGMENT MUST BE ATTACHED TO EACH IREVOCABLE STOCK OR BOND POWER

Name of Company	NAIC #
State of	,
County of	
On	personally appeared before me,
D.	ATE
	Company authorized signature who acknowledged that he executed the above instrument.
	Please print name of the above individual.
	I have hereunto set my hand and affixed my official pointy of
stamp at my office in the co	Junty 01

the day and year in this certificate first above written.

Signature of Notary