



DEPARTMENT OF BUSINESS AND INDUSTRY

DIVISION OF INSURANCE

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Carson City, Nevada 89706
(775) 687-0700 • Fax (775) 687-0797
Website: <https://doi.nv.gov>
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IRREVOCABLE STOCK OR BOND POWER

The undersigned does hereby assign to the **State of Nevada, Department of Business and Industry, Division of Insurance**, the following security, _____ for the sole benefit and protection of the policyholders of _____ in the State of Nevada; pursuant to NRS 682B.015 Additional deposit. The security is being held in trust at the _____.

This document is irrevocable and shall continue in full force and effect until surrendered to _____ with the release of the **Division of Insurance** endorsed hereon; provided, however, that the **Division of Insurance**, in its discretion, may present this power at any time to _____ and upon delivery of said securities by _____ to the **Division of Insurance**, or to the 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: _____ Date: _____

Title: _____ Telephone no: _____

DIVISION OF INSURANCE RELEASE

(For Division Use ONLY)

Pursuant to the authority vested in me the securities described above are released from the terms and conditions of this power and _____ may surrender, deliver or otherwise dispose of said securities in any manner so ordered by _____.

For the State of Nevada, Division of Insurance: _____

Title: _____ Commissioner of Insurance Date: _____

**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,
DATE

Company authorized signature who acknowledged that he
executed the above instrument.

Please print name of the above individual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official
stamp at my office in the county of _____
the day and year in this certificate first above written.

Signature of Notary