SAMPLE ONLY

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

The undersigned does	s hereby assign to the State of N	levada, Department	of Business and I	ndustry, Division	o f Insurance , the
following security,	Description of Security,	CUSIP Number,	Interest Rate,	Maturity Date	and Amount
_or the benefit and p	rotection of all policyholders of	Name of the	Company		
a company domiciled	in the State of Nevada; pursuant	t to NRS 680A.140 R	equired deposit. T	he security is being	held in trust at the
Name and Address	of Depository (i.e. Bank of New	v York - 1 Wall Stree	t, 14 th Floor - New	York, NY 10286).	This document is
irrevocable and shall	continue in full force and effect	until surrendered to _	Name of De	epository	
with the release of the	e Division of Insurance endorse	d hereon; provided, h	owever, that the Di	vision of Insurance	, in its discretion,
may present this pow	ver at any time to <u>Name of</u>	Depository	and upon deliv	ery of said securities	s by <u>Name of</u>
Depository	to the Division of Insurance	e, or to the designee o	f the Division of I	nsurance, <u>Nar</u>	ne of Depository
shall have no furth	er liability with respect to said se	ecurities.			
Co. name				NAIC #	
Co. street address					
City, state, zip					
Authorized Signature	:		Date:		
Title:			Telephone no.:		
		OF INSURANCI			
	(For]	Division Use ON	LY)		
Pursuant to the autho	rity vested in me the securities of	lescribed above are r	eleased from the te	rms and conditions	of this power and
		may surrender, o	leliver or otherwise	dispose of said secur	ities in any manner
so ordered by					
For the State of Neva	da, Division of Insurance:				
Title:	Commissioner		Date:		

STATE OF NEVADA



DR. KRISTOPHER SANCHEZ Director

SCOTT 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 Email: finances@doi.state.nv.us

IRREVOCABLE STOCK OR BOND POWER FOR INSURANCE COMPANIES

The undersigned does hereby assign to the State of Neva	ida, Department of Business and Industry, Division of Insurance, the
following security,	
for the benefit and protection of all polic	cyholders of
, a company domiciled in the State of Neva	ada; pursuant to NRS 680A.140 Required 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 e	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 #
Authorized Signature:	Date:
Title:	
Email:	
DIVISION OF	INSURANCE RELEASE
(For D	ivision Use ONLY)
Pursuant to the authority vested in me the securities descr	ribed 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 IRREVOCABLE STOCK OR BOND POWER

Name of Company	NAIC #
State of	,
County of	
On DATE	personally appeared before me,
	Company authorized signature who acknowledged that he executed the above instrument.
	Please print name of the above individual.
	hereunto set my hand and affixed my official
the day and year in this certificate fin	rst above written.
Signature of I	Notary