SAMPLE ONLY

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

The undersigned does hereby assign to the State of Nevada, Department of Business and Industry, Division of Insurance, the
following security, Description of Security, CUSIP Number, Interest Rate, Maturity Date and Amount
for the sole benefit and protection of the policyholders of Name of the Company in the
State of Nevada; pursuant to NRS 682B.015 Additional deposit. The security is being held in trust at the Name and Address of
Depository (ie. Bank of New York - 1 Wall Street, 14th Floor - New York, NY 10286). This document is irrevocable and shall
continue in full force and effect until surrendered to Name of Depository
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 Name of Depository and upon delivery of said securities by Name of
Depository to the Division of Insurance, or to the designee of the Division of Insurance, Name of Depository
shall have no further liability with respect to said securities.
Co. name Co. street address City, state, zip
Authorized Signature: (ie. Company Officer) 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: Date:
Title: Date:

STATE OF NEVADA

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 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 Div	ision of Insurance, in its discretion, may present this power at any
time to and upon delivery of s	aid securities byto
the Division of Insurance, or to the designee of the Division	on 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:
(For Divis Pursuant to the authority vested in me the securities described	ISURANCE RELEASE ion Use ONLY) I above are released from the terms and conditions of this power and
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

ne of Company	NAIC #
e of	,
nty of	
OnDATE	personally appeared before me,
	Company authorized signature who acknowledged that he executed the above instrument.
	Please print name of the above individual.
	eve hereunto set my hand and affixed my official by of
the day and year in this certifica	ate first above written.
Signature	e of Notary