

# 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 all Workers' Compensation policyholders of Name of the Company \_\_\_\_\_ a company domiciled in the State of Nevada; pursuant to Bulletin 98-001 II.3., NRS 682B.015 and NAC 682B.010 to 682B.030. The security is being held in trust at the Name and Address of Depository (i.e. Bank of New York - 1 Wall Street, 14<sup>th</sup> 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 \_\_\_\_\_ NAIC # \_\_\_\_\_

Co. street address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Authorized Signature: (ie. Company Officer) \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

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### **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 \_\_\_\_\_ Date: \_\_\_\_\_



DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE

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E-mail: [finances@doi.nv.gov](mailto:finances@doi.nv.gov)

**IRREVOCABLE STOCK OR BOND POWER  
DOMESTIC INSURER WORKERS' COMPENSATION**

The undersigned does hereby assign to the **State of Nevada, Department of Business and Industry, Division of Insurance**, the following security, \_\_\_\_\_  
for all policyholders of \_\_\_\_\_, a company domiciled in the State of Nevada; pursuant to Bulletin 98-001 II.3., NRS 682B.015 and NAC 682B.010 to 682B.030. 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.: \_\_\_\_\_

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**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 IRREVOCABLE 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