

American Surety Company

ASSIGNMENT OF BANK ACCOUNT

Power of Attorney Number _____

FOR VALUABLE CONSIDERATION, I/We _____ of _____, City of _____ County of _____, State of _____, do hereby sell, assign, transfer, set over to American Surety Company, P.O. Box 68932, City of Indianapolis, County of Marion, State of Indiana, _____ Dollars (\$ _____) of the sums on deposit in my name in the _____ at _____, City of _____ County of _____, State of _____ in Account No. _____, and further authorize _____ to pay over to American Surety Company the above sum of _____ Dollars (\$ _____) out of the money on deposit in the above account in my name.

THIS ASSIGNMENT shall constitute notice to the _____ of this assignment and direct authorization. THIS ASSIGNMENT is complete and irrevocable and shall remain in full force and effect until a release in writing thereof is given to the assignor and _____ by assignee. ASSIGNOR will pay all collection or other charges, including reasonable attorney's fees, necessarily incurred by assignee in enforcing any of the covenants of assignor herein.

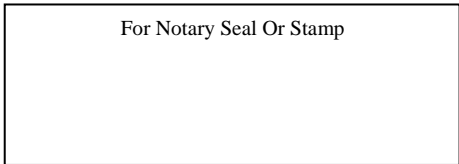
IN WITNESS WHEREOF, I have executed this assignment at _____ this _____ day of _____, 20_____. _____ Assignor

State of _____ County of _____

On _____ before me _____ Notary Public personally appeared _____ DATE NAME, TITLE OF OFFICER-E.G. "Jane Doe, Notary Public" NAME(S) of SIGNER(S) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal _____ Notary Public My Commission Expires _____

CAPACITY CLAIMED BY SIGNER
[] INDIVIDUAL [] OTHER
[] CORPORATE OFFICER(S)
TITLE(S)
[] PARTNERS [] LIMITED [] GENERAL SIGNER IS REPRESENTING
[] ATTORNEY-IN-FACT Name of Person(s) or Entity(ies)
[] TRUSTEE(S)
[] GUARDIAN/CONSERVATOR



ACKNOWLEDGEMENT OF ASSIGNMENT

To: American Surety Company
P.O. Box 68932
Indianapolis, IN 46268

We hereby acknowledge receipt of the Assignment of Account No. _____ issued to _____ Withdrawals are to be made only by AMERICAN SURETY COMPANY. The balance on our books at close of business _____, 20____ was sufficient to cover the amount of this assignment. We have compared the signature of _____ with the signature of said depositor on our records and such signatures are identical and sufficient for the withdrawal of funds by American Surety Company.

Signature of Depository
Printed Name Title

RELEASE OF ASSIGNMENT

To: _____ Depository _____ Date _____, 20____
Address _____

For value received, the assignment of Account No. _____ by _____ as assignor to AMERICAN SURETY COMPANY as assignee, and all interests or claims of said assignee for reason of said assignment are hereby released, cancelled and discharged.

IN WITNESS WHEREOF, the said assignee has set his hand and sealed this _____ day _____, 20____.

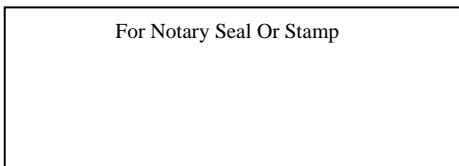
American Surety Company
By: _____ (L.S.)
Authorized Signature

State of _____ County of _____

On _____ before me _____ Notary Public personally appeared _____ DATE NAME, TITLE OF OFFICER -E.G. "Jane Doe, Notary Public" NAME(S) of SIGNER(S) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal _____ Notary Public My Commission Expires _____

CAPACITY CLAIMED BY SIGNER
[] INDIVIDUAL [] OTHER
[] CORPORATE OFFICER(S)
TITLE(S)
[] PARTNERS [] LIMITED [] GENERAL SIGNER IS REPRESENTING
[] ATTORNEY-IN-FACT Name of Person(s) or Entity(ies)
[] TRUSTEE(S)
[] GUARDIAN/CONSERVATOR



American Surety Company

ASSIGNMENT OF BANK ACCOUNT

Power of Attorney Number _____

FOR VALUABLE CONSIDERATION, I/We _____ of _____, City of _____ County of _____, State of _____, do hereby sell, assign, transfer, set over to American Surety Company, P.O. Box 68932, City of Indianapolis, County of Marion, State of Indiana, _____ Dollars (\$ _____) of the sums on deposit in my name in the _____ at _____, City of _____ County of _____, State of _____ in Account No. _____, and further authorize _____ to pay over to American Surety Company the above sum of _____ Dollars (\$ _____) out of the money on deposit in the above account in my name.

THIS ASSIGNMENT shall constitute notice to the _____ of this assignment and direct authorization. THIS ASSIGNMENT is complete and irrevocable and shall remain in full force and effect until a release in writing thereof is given to the assignor and _____ by assignee. ASSIGNOR will pay all collection or other charges, including reasonable attorney's fees, necessarily incurred by assignee in enforcing any of the covenants of assignor herein.

IN WITNESS WHEREOF, I have executed this assignment at _____ this _____ day of _____, 20_____. _____ Assignor

State of _____ County of _____

On _____ before me _____ Notary Public personally appeared _____ DATE NAME, TITLE OF OFFICER-E.G. "Jane Doe, Notary Public" NAME(S) of SIGNER(S) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal _____ Notary Public My Commission Expires _____

CAPACITY CLAIMED BY SIGNER
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TITLE(S)
[] PARTNERS [] LIMITED [] GENERAL
[] ATTORNEY-IN-FACT
[] TRUSTEE(S)
[] GUARDIAN/CONSERVATOR
SIGNER IS REPRESENTING
Name of Person(s) or Entity(ies)

For Notary Seal Or Stamp

ACKNOWLEDGEMENT OF ASSIGNMENT

To: American Surety Company
P.O. Box 68932
Indianapolis, IN 46268

We hereby acknowledge receipt of the Assignment of Account No. _____ issued to _____ Withdrawals are to be made only by AMERICAN SURETY COMPANY. The balance on our books at close of business _____, 20____ was sufficient to cover the amount of this assignment. We have compared the signature of _____ with the signature of said depositor on our records and such signatures are identical and sufficient for the withdrawal of funds by American Surety Company.

Signature of Depository
Printed Name Title

RELEASE OF ASSIGNMENT

To: _____, 20____
Depository Date
Address

For value received, the assignment of Account No. _____ by _____ as assignor to AMERICAN SURETY COMPANY as assignee, and all interests or claims of said assignee for reason of said assignment are hereby released, cancelled and discharged.

IN WITNESS WHEREOF, the said assignee has set his hand and sealed this _____ day _____, 20____.

American Surety Company
By: _____ (L.S.)
Authorized Signature

State of _____ County of _____

On _____ before me _____ Notary Public personally appeared _____ DATE NAME, TITLE OF OFFICER -E.G. "Jane Doe, Notary Public" NAME(S) of SIGNER(S) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal _____ Notary Public My Commission Expires _____

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Name of Person(s) or Entity(ies)

For Notary Seal Or Stamp

American Surety Company

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THIS ASSIGNMENT shall constitute notice to the _____ of this assignment and direct authorization.

THIS ASSIGNMENT is complete and irrevocable and shall remain in full force and effect until a release in writing thereof is given to the assignor and _____ by assignee.

ASSIGNOR will pay all collection or other charges, including reasonable attorney's fees, necessarily incurred by assignee in enforcing any of the covenants of assignor herein.

IN WITNESS WHEREOF, I have executed this assignment at _____ this _____ day of _____, 20_____.

Assignor

State of _____

County of _____

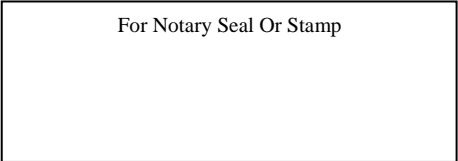
On _____ before me _____ Notary Public personally appeared _____ DATE NAME, TITLE OF OFFICER-E.G. "Jane Doe, Notary Public" NAME(S) of SIGNER(S)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal _____ Notary Public My Commission Expires _____

CAPACITY CLAIMED BY SIGNER

- Individual, Corporate, Partners, Attorney-in-Fact, Trustee, Guardian/Conservator options.



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To: American Surety Company
P.O. Box 68932
Indianapolis, IN 46268

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Signature of Depository
Printed Name Title

RELEASE OF ASSIGNMENT

To: _____ Depository _____ Date _____, 20_____
Address _____

For value received, the assignment of Account No. _____ by _____ as assignor to AMERICAN SURETY COMPANY as assignee, and all interests or claims of said assignee for reason of said assignment are hereby released, cancelled and discharged.

IN WITNESS WHEREOF, the said assignee has set his hand and sealed this _____ day _____, 20_____.

American Surety Company
By: _____ (L.S.)
Authorized Signature

State of _____
County of _____

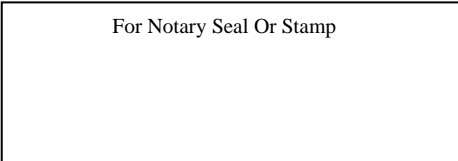
On _____ before me _____ Notary Public personally appeared _____ DATE NAME, TITLE OF OFFICER -E.G. "Jane Doe, Notary Public" NAME(S) of SIGNER(S)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

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THIS ASSIGNMENT shall constitute notice to the _____ of this assignment and direct authorization.

THIS ASSIGNMENT is complete and irrevocable and shall remain in full force and effect until a release in writing thereof is given to the assignor and _____ by assignee.

ASSIGNOR will pay all collection or other charges, including reasonable attorney's fees, necessarily incurred by assignee in enforcing any of the covenants of assignor herein.

IN WITNESS WHEREOF, I have executed this assignment at _____ this _____ day of _____, 20_____.

Assignor

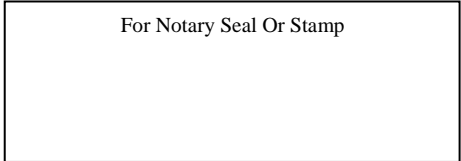
State of _____
County of _____

On _____ before me _____ Notary Public personally appeared _____

DATE NAME, TITLE OF OFFICER-E.G. "Jane Doe, Notary Public" NAME(S) of SIGNER(S)
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Name of Person(s) or Entity(ies)



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Signature of Depository
Printed Name Title

RELEASE OF ASSIGNMENT

To: _____ Date _____, 20_____
Depository Address

For value received, the assignment of Account No. _____ by _____ as assignor to AMERICAN SURETY COMPANY as assignee, and all interests or claims of said assignee for reason of said assignment are hereby released, cancelled and discharged.

IN WITNESS WHEREOF, the said assignee has set his hand and sealed this _____ day _____, 20_____.

American Surety Company
By: _____ (L.S.)
Authorized Signature

State of _____
County of _____

On _____ before me _____ Notary Public personally appeared _____

DATE NAME, TITLE OF OFFICER -E.G. "Jane Doe, Notary Public" NAME(S) of SIGNER(S)
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Name of Person(s) or Entity(ies)

