



5. The Kansas Medicaid program (assignee) is under no obligation to pay any premium or other charges to the policy.

6. The insurance company hereby acknowledges that by recording this Irrevocable Collateral Assignment of Life Insurance Proceeds, it agrees to accept and abide by the terms thereof.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Policy Owner Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip)

Recorded by:

\_\_\_\_\_  
(Insurance Company)                      (Date)                      (Signature)