



MISSOURI DEPARTMENT OF INSURANCE,
 FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
ASSIGNMENT

P.O. BOX 690
 JEFFERSON CITY, MO 65102-0690
 TELEPHONE: (573) 751-3518

NAME OF GENERAL BAIL BOND AGENT APPLICANT

Pursuant to the provisions of Sections 374.715 and 374.740, RSMo., for value received, I (we) hereby assign to the State of Missouri money on deposit in the following bank account(s) under the following certificate(s):

BANK WHERE DEPOSIT HELD

ACCOUNT CERTIFICATE NO.

AMOUNT

Missouri residents - \$10,000 assignment

Non-residents - \$25,000 assignment

The amount of this Assignment is limited to: \$10,000 or \$25,000

This assignment gives the state of Missouri an interest in the assigned deposit(s) for the amount of \$10,000 or \$25,000 as if the State of Missouri were the owner.

The purpose of this assignment is to comply with the provisions of Sections 374.695 through 374.789 RSMo. 2004, as amended, and known as "Professional Bail Bondsman and Surety Recovery Agent Licensure Act."

Obligations covered by this assignment include those set forth in the foresaid statute. I (we) further state that this Assignment shall become effective upon violation of any provision of Sections 374.695 through 374.789 RSMo. 2004.

I am (We are) the only owner(s) of the assigned deposit(s); there are no other claims against the deposit(s); and I (we) have the right to assign the deposit(s) to the State of Missouri.

I (We) will deliver to the State of Missouri the certificate of deposit representing the assigned deposit(s).

I (We) will not make any withdrawals from the assigned deposit(s) that would result in a balance that is less than the amount assigned without the State of Missouri's prior approval.

DATE

SIGNATURE OF DEPOSITOR/APPLICANT
 ▶

ADDRESS

SIGNATURE OF CO-DEPOSITOR/APPLICANT
 ▶

ADDRESS