



ASSIGNMENT OF SAVINGS ACCOUNT SECURITY FOR PAYMENT OF BOND

(Article 5, Chapter 2, Division 8, Business and Professions Code section 18685)

_____, hereinafter called ASSIGNOR whose principal place of
 (Name)

business is _____
 (Street and City)

do (does) hereby assign, and set over to the State Athletic Commission hereinafter called STATE, all right,
 title, and interest of whatever nature, of assignor, in and to the insured account of assignor in the

_____, evidenced by an account in the amount of \$ _____
 (Name of Financial Institution)

numbered _____, which is delivered to the STATE herewith.

Assignor agrees that this assignment carries with it the insurance of the account by the Federal Savings and Loan Insurance Corporation, or Federal Deposit Insurance Corporation, and includes and gives the right to the STATE to redeem, collect, and withdraw the full amount of such account at any time WITHOUT NOTICE TO ASSIGNOR. This assignment is given as security for liability for the payments guaranteed under Section 18684 of the Business and Professions Code, including fines and penalties imposed by the STATE and to insure compliance with the Boxing Act.

Assignor hereby notifies the above-mentioned financial institution of this assignment.

_____ Dated this _____ day of _____, 20__

ASSIGNOR

RECEIPT FOR NOTICE OF ASSIGNMENT

Receipt is hereby acknowledged to the STATE of written notice of the assignment to said of the account identified above. We have noted in our records the interest in said account as shown by the above assignment and have retained a copy of this sheet. We certify that we have received no notice of any lien, encumbrance, hold, claim, or obligation of the account identified above prior to the assignment to the STATE. We agree to make payment to the STATE upon request in accordance with the laws applicable to this financial institution and to notify the STATE **60 DAYS** prior to the disbursement of any funds from the account identified above to the assignor or to any other person or organization other than the STATE.

Dated this _____ day of __, 20

 Name of Institution Telephone No.

 Street and City

 Signature of Bank Representative:

RECEIPT FOR SECURITY AND DIRECTION TO PAY EARNINGS

Receipt is acknowledged of the above assignment and the account identified in the above assignment. The financial institution named in the above assignment is hereby authorized and directed to pay any earnings on the above-identified account to the above named assignor until otherwise notified in writing by the STATE.

Dated this _____ day of __, 20__

by _____
 Commission Authorized Employee

For any questions concerning this assignment please contact the California State Athletic Commission in Sacramento, CA at (916) 263-2195.