

ASSIGNMENT OF INSURANCE PROCEEDS

For value received, I (We), _____, the undersigned beneficiary (ies) under the Insurance Policy or death benefit certificate number, or being the person equitably entitled to receive the benefits hereunder on Policy Number (s) _____ issued by _____ (Life Insurance Company) for a total policy value of \$ _____ on the life of _____ (Decedent) and having contracted with and being indebted to _____ (Funeral Home / Cemetery) for goods and/ or services do hereby set over, irrevocably assign and transfer unto said funeral home or cemetery the total sum of _____ dollars (\$ _____), out of the proceeds of said Insurance Policy (ies).

Additionally, I hereby authorize and direct said Insurance Company to make its check payable to said funeral home or cemetery for the assignment amount only and to pay the remainder of the proceeds of said Insurance Policy, if any, to me (us). A statement of charges for funeral expenses for the deceased is attached hereto.

(Beneficiary Signature) (Beneficiary Name Printed)

(Address)

(Date Signed) (SSN) (Date of Birth)

(Beneficiary Signature) (Beneficiary Name Printed)

(Address)

(Date Signed) (SSN) (Date of Birth)

(Beneficiary Signature) (Beneficiary Name Printed)

(Address)

(Date Signed) (SSN) (Date of Birth)

Sworn and subscribed before me this _____ day of _____, 20____

(Notary Public Signature) My Commission expires: _____

(Seal)