



BENEFICIARY ASSIGNMENT OF PROCEEDS

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

The undersigned, Beneficiary Name: _____

hereby certifies that I am the beneficiary and eligible to receive the proceeds under benefit certificate no.

_____ hereby assign and set over onto:

Funeral Home/Assignee: _____

Tax Identification Number: _____

Address / Apt. No: _____

City: _____ **State:** _____ **ZIP:** _____

\$_____ of the proceeds presently due and payable under benefit certificate

_____ as issued by **1891 FINANCIAL LIFE.**

I further guarantee to hold **1891 FINANCIAL LIFE** harmless as a result of the payment to the above named as herein directed.

Subscribed and sworn to before me
on this _____ day of _____, 20 _____

Witness:

SIGNATURE OF BENEFICIARY

NOTARY PUBLIC

ADDRESS

My commission expires _____

CITY, STATE, ZIP