



financial life

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1891 Financial Life is authorized to conduct business in CA, CO, IL, IN, IA, KS, MI, MN, MO, MT, NE, ND, OH, OR, SD, WA, WI.
DBA Oregon: **1891 Financial Life Insurance**. DBA California: **1891 Financial Life, A Fraternal Benefit Society**.

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**. Payment of proceeds to a funeral home are contingent on submission of a statement of goods and services equal to or in excess of the assignment.

I further acknowledge that **1891 FINANCIAL LIFE** is not responsible for the validity or sufficiency of this assignment. I hereby hold **1891 FINANCIAL LIFE** harmless as a result of the payment to the above named as herein directed.

Witness: Signature of Beneficiary: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Notary:

STATE OF _____ COUNTY OF _____

This instrument was acknowledged before me on _____ (Date) by

_____ (name(s) of person(s)) as

_____ (type of authority if applicable, e.g., Officer, Trustee, etc.) of

_____ (name of party on behalf of whom instrument was executed, if applicable).

(Seal)

Signature of Notary Public: _____

Title: _____

My Commission Expires: _____