



## 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  
**My commission expires** \_\_\_\_\_

\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY, STATE, ZIP