## ASSIGNMENT OF PROCEEDS OF INSURANCE

	(Insurance Company)
I,	, being entitled to receive benefits
(Renefic	riary)
under Policy Number	issued by (Insurance Company)
	(Insurance Company)
on the life of	, now deceased,
and having contracted with and being indebte	ed to of
	Address) for funeral services and merchandise
(Funeral Home A	Address)
for the deceased in the amount of	Dollars
\$	, do hereby set over, assign and transfer unto said funeral home the sum of
	Dollars \$
if any, to me. A statement of funeral goods a	and services selected for the deceased is attached hereto.
if any, to me. A statement of funeral goods a	and services selected for the deceased is attached hereto.  (Beneficiary Signature)
if any, to me. A statement of funeral goods $\epsilon$	(Beneficiary Signature)
if any, to me. A statement of funeral goods $\epsilon$	(Beneficiary Signature)  Relationship to Deceased
if any, to me. A statement of funeral goods a	(Beneficiary Signature)  Relationship to Deceased
	(Beneficiary Signature)  Relationship to Deceased  Date Signed  Social Security No.
	(Beneficiary Signature)  Relationship to Deceased  Date Signed
	(Beneficiary Signature)  Relationship to Deceased  Date Signed  Social Security No.  Date of Birth
	(Beneficiary Signature)  Relationship to Deceased  Date Signed  Social Security No.  Date of Birth  Telephone No.  Address
Notary Stamp	(Beneficiary Signature)  Relationship to Deceased  Date Signed  Social Security No.  Date of Birth  Telephone No.
Notary Stamp	(Beneficiary Signature)  Relationship to Deceased  Date Signed  Social Security No.  Date of Birth  Telephone No.  Address  City/State/Zip