



ASSIGNMENT OF BENEFITS

NOTICE: ALL SECTIONS OF THIS DOCUMENT MUST BE FULLY COMPLETED BEFORE SIGNING.

I, _____, of legal age,
Beneficiary's complete name Social Security Number
_____, and _____, Beneficiary
Civil Status Resident State
of the policy _____ and
Policies' number

I, _____, of legal age, _____
Funeral Director complete name Social Security Number Civil status
and _____, Director of the Funeral Home _____
Resident State

WE CERTIFY THAT:

- FIRST : The insured _____ passed away on month _____ day _____ year _____ on the city _____ of the state _____.
SECOND : The funeral home mentioned above rendered the funeral services.
THIRD : The Beneficiary paid an advance for the funeral service of \$ _____.
FOURTH : The Beneficiary free, voluntary, and jointly authorized Triple-S Vida, Inc. company to issue a payment in the amount of \$ _____ to the funeral home who rendered the service.
FIFTH : We release Triple-S Vida, Inc. company from any claim under the above-mentioned policies.
SIXTH : We submit this certification freely and voluntarily. All the facts on this certification are true, accurate, and reflect our own personal knowledge.
SEVENTH : Any person who knowingly and with intent to commit fraud submits false information in an application for insurance or who submits, assists or files a fraudulent claim for the payment of a loss or other benefit, or files more than one claim for the same damage or loss, shall incur in a felony and if convicted, each violation will carry a fine of no less than five thousand (5,000) dollars and no more than ten thousand (10,000) dollars or imprisonment for a fixed term of three (3) years, or both penalties. If there are aggravating circumstances, the established fixed penalty may be increased up to a maximum of five (5) years; if there are extenuating circumstances, it may be reduced to a minimum of two (2) years." Act No. 230 of August 9, 2008.

ACKNOWLEDGING, We assert and sign this certification on the city of _____, state _____ on a day _____ on the month of _____, 20_____.

Beneficiary's signature Witness of the mark's signature Funeral Director's signature

Postal Address Postal Address Postal Address

Residential Address Residential Address Funeral Home Street Address

Tel () _____ Tel () _____ Tel () _____