



ASSIGNMENT OF PROCEEDS OF INSURANCE

TO: _____

I, _____, being entitled to receive benefits under
(BENEFICIARY)

Policy Number _____

issued by _____
(INSURANCE COMPANY)

on the life of _____, now deceased, and

having contracted with and being indebted to _____
(FUNERAL HOME)

_____ of _____
(ADDRESS) (CITY-STATE)

for funeral services and merchandise for the deceased in the amount of _____ Dollars (\$
_____) do hereby set over, assign and transfer unto said Funeral Director the sum of _____

Dollars (\$_____) out of the proceeds of said Insurance Policy; and I hereby authorize and direct said Insurance Company to make its check payable to said Funeral Director for the assigned amount and to pay the remainder of the proceeds of said Insurance Policy, if any, to me. A statement of charges for funeral expenses for the deceased is attached hereto.

NOTICE: Any person who, knowingly and with the intent to commit fraud, provides false information in an insurance application, or provides, helps in providing or assists in the transmittal of a fraudulent claim for payment of loss, or any related benefit, or files multiple claims for the same loss or benefit, will incur in a felony, whereupon, if convicted, will be sanctioned with an economic fine of no less than five thousand dollars (\$5,000) but no more than ten thousand dollars (\$10,000) per violation, or incarceration for a mandatory term of three (3) years, or both. In case of aggravating circumstances, this term could be extended to a maximum of five (5) years; and in case of mitigating circumstances, it could be reduced to two (2) years. Law 230 of august 9, 2008.

(BENEFICIARY) (SEAL)

Postal Address _____

Residential Address _____

Date Signed _____

Sworn and subscribed before me
the ____ day of _____, _____

NOTARY PUBLIC

My commission expires: _____