INSURANCE ASSIGNMENT FORM

Ware-Smith Woolever
FUNERAL DIRECTORS

Policy No. _____

Issued by:

_____
INSURANCE COMPANY

Upon the life of:

_____
DECEASED

_____
Address City State Zip

Giving to the said funeral director full and complete authority to collect the proceeds of said insurance policy and to apply the said proceeds first to the payment of the funeral bill of the said funeral director in the sum of:
_____ dollars for the death of said deceased,
the balance, if any, of such proceeds to be paid to me.

It is agreed that the payment under said policy by the Insurance Company to the said assignee and the said assignee's receipt for the same shall be a full and complete discharge, quittance and release of the said insurance company of any and all claims whatsoever under the said policy, and the said Insurance Company shall not be required or bound in any way to see to the application of any of the proceeds of the said policy and I hereby authorize the said:

_____
FUNERAL DIRECTOR

to surrender the said policy to the said insurance Company and expressly waive any and all claims or rights whatsoever under the said policy so far as the insurance company is concerned.

BENEFICIARY SIGNATURE SOCIAL SECURITY # DATE OF BIRTH TODAY'S DATE

Address City State Zip

WITNESS SIGNATURE TODAY'S DATE

989- 631-2292 phone 989-631-5811 fax waresmithwoolever.com obits@wswfh.com