



**UNITED HOME LIFE INSURANCE COMPANY  
 UNITED FARM FAMILY LIFE INSURANCE COMPANY**  
 225 South East Street  
 PO Box 7192  
 Indianapolis, IN 46207-7192



**ASSIGNMENT OF POLICY DEATH BENEFITS**

For value to be received and services to be performed by \_\_\_\_\_ (“Funeral Home”), located at \_\_\_\_\_, I hereby assign, transfer, and set over to the Funeral Home the sole right to collect from United Home Life Insurance/United Farm Family Life Insurance (“Company”) the net proceeds of Policy Number \_\_\_\_\_ when it becomes a claim by death of the Insured. It is expressly understood that the Company is hereby authorized and directed to release and pay the net death benefits payable as determined by the provisions of said Policy, but not to exceed the cost of funeral services and merchandise provided, to the Funeral Home upon receipt of a properly certified Death Certificate, surrender of the above stated Policy, itemized bill for services rendered, and satisfactory proof of claim as deemed necessary by the Company.

It is expressly understood that the named Beneficiary of the above insurance Policy is entitled to the remainder of the proceeds of said Policy, if any. If no services or merchandise are provided by the Funeral Home, then all benefits shall be payable to the named Beneficiary in accordance with the provisions of the Policy.

\_\_\_\_\_ **IRREVOCABLE ASSIGNMENT** (Must be checked if selecting Irrevocable Assignment).

It is expressly understood that:

1. The Owner hereunder having so requested, it is agreed and understood that the Owner may not revoke or change the Assignment of Policy Death Benefits without the written consent of the Funeral Home. While said Policy remains payable to the Funeral Home, the Owner, without the written consent of the Funeral Home, may not make loans on the cash value or exercise any other option, right or privilege provided in the Policy including, but not limited to, the right to elect any of the nonforfeiture provisions thereof. Paid-Up Additions must be kept intact.
2. This Assignment of Policy Death Benefits shall not become effective until 30 days after the effective date of the Policy.

\_\_\_\_\_ **REVOCABLE ASSIGNMENT** (Must be checked if selecting Revocable Assignment).

It is expressly understood that:

3. The named Owner of the Policy may cancel and revoke this Assignment of Policy Death Benefits at any time prior to the death of the Insured, by filing properly written notice of cancellation with the Company at the above address. If the Assignment is canceled, the net death benefits referred to herein are to be paid to the Beneficiary named in the Policy in accordance with the Policy provisions unless a subsequent Assignee is designated.
4. The ownership rights of the Policy are reserved to the named Owner and are excluded from this Assignment and do not pass by virtue hereof.
5. In the event that this Assignment of Policy Death Benefits is canceled by the Policy Owner prior to the death of the Insured or in the event cash values are withdrawn or surrendered, at the death of the Insured all death benefits shall be payable to the named Beneficiary in accordance with the provisions of the Policy.

IN WITNESS WHEREOF, this Assignment of Policy Death Benefits is signed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
 Policy Owner

STATE OF \_\_\_\_\_ )  
 )  
 COUNTY OF \_\_\_\_\_ )

SS:

Subscribed and sworn to before me, a Notary Public, in and for said county and state this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My commission expires: \_\_\_\_\_

My county of residence: \_\_\_\_\_