

# ASSIGNMENT OF PROCEEDS OF INSURANCE

TO: \_\_\_\_\_  
(INSURANCE COMPANY)  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, (BENEFICIARY), being entitled to receive benefits  
under Policy Number \_\_\_\_\_  
issued by \_\_\_\_\_ (INSURANCE COMPANY)  
on the life of \_\_\_\_\_, now deceased,  
and having contracted with and being indebted to Conroy Funeral Home  
1660 East High Street of Springfield, OH 45505  
(FUNERAL HOME) (CITY-STATE-ZIP)

for funeral services and merchandise for the deceased in the amount of  
\_\_\_\_\_ (\$ \_\_\_\_\_),

do hereby set over, assign and transfer unto said Funeral Director the sum of  
\_\_\_\_\_ (\$ \_\_\_\_\_),

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.

\_\_\_\_\_  
(BENEFICIARY) (SEAL)  
Address \_\_\_\_\_  
Date Signed \_\_\_\_\_

Sworn and subscribed before me

the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commision expires: \_\_\_\_\_