

IRREVOCABLE ASSIGNMENT OF DEATH BENEFITS

Insured _____ Policy # _____

Please assign and transfer to _____
(Funeral Home Name and Address)

Assignee, rights to receive death benefits, from the life insurance policy issued on the above insured, up to the amount of the funeral expenses the insured has with the funeral home named above. If the funeral expenses are less than the death benefit, the remaining funds will be payable to the beneficiary.

The Assignee's rights to receive death benefits shall be contingent upon the Assignee providing funeral goods and services as provided by pre-arranged or at need funeral agreements.

The Assignment notifies and directs **Catholic Holy Family Society** to pay benefits to the Assignee up to its legitimate interest described above.

NOW, THEREFORE, in consideration of the above recitals and of the agreements set forth below, the policyholder and the Irrevocable Assignee hereby agree as follows:

1. The policyholder hereby irrevocably waives any right he or she may have during his or her lifetime to cancel or revoke this assignment; to receive any refund from the Policy; to surrender the Policy for cash; or to borrow against the Policy. In waiving these rights, the Policyholder does not assign the rights waived to any other person and intends that the use of the proceeds from the Policy be used to fund the cost of funeral goods and services (subject to Paragraph 2 below).
2. Notwithstanding the waivers set forth above, however, nothing herein shall be construed to deprive the representatives or family of the Policyholder from procuring and purchasing funeral goods and services in the open market with the advantages of competition.

Dated at _____ this _____ day of _____, 20_____.

Owner / Insured**

Witness

** If Power of Attorney, please provide the Power of Attorney documentation.