

AUTHORIZATION OF DEATH BENEFIT PROCEEDS

Seller/Provider: _____

Insurance Company: _____

Policy Number: _____

Name of Insured: _____

The undersigned acknowledges the following:

1. That he/she is legally entitled to make the funeral arrangements for the deceased whose life was insured by a life insurance policy, of which the proceeds were assigned to the Seller/Provider to pay for the deceased's pre-planned funeral arrangements;
2. That the Seller/Provider has provided all goods and services stated in the pre-paid funeral contract;
3. That the undersigned absolves any additional claims for goods or services regarding the funeral arrangements for the deceased;
4. That the Insurance Company is authorized to disburse the Assigned Policy Proceeds to the Seller/Provider for payment of funeral arrangements;

Payment Amount: _____

Date: _____

Printed Name: _____

Signature: _____