



Woodlawn Funeral Home (Tax ID: 56-2141487)
 P.O. Box 445, 375 Woodlawn Avenue, Mount Holly, North Carolina 28120
 Office: 704-820-0608 | Fax: 704-820-6389 | Email: www.woodlawnfuneral@outlook.com

ASSIGNMENT OF INSURANCE PROCEEDS

_____, 20____

In consideration of the agreement of Woodlawn Funeral Home, P.O. Box 445, Mount Holly, North Carolina 28120, to conduct funeral services for _____
 insured by _____ life insurance company
 under policy number _____, and since I am the
 beneficiary, I hereby transfer and assign to Woodlawn Funeral Home the sum of the following as might
 be payable from or in connection with the above stated insurance policy with any balance payable to be
 sent to me: (claimant must initial the selection(s) below that are acceptable to him/her.)

_____ \$ _____, or
 _____ all proceeds payable, or
 _____ any unearned premium refunds payable.

I hereby appoint Woodlawn Funeral Home as my true and lawful Power of Attorney to collect this
 amount and give a receipt for it in my name, and I direct _____
 life insurance company, to pay this amount to Woodlawn Funeral Home from monies due under said
 policy(ies). I hereby ratify all acts of this attorney which he may do in the premises.

WITNESS MY HAND AND SEAL THIS THE _____ DAY OF _____ 20 _____

 Printed Name of Beneficiary / Beneficiary Signature

 Beneficiary Home Address / Telephone number of Beneficiary

 Beneficiary SSN / Beneficiary Date of Birth

STATE OF NORTH CAROLINA
 COUNTY OF GASTON

Signed and Sealed Before Me, This the _____ Day of _____, 20_____.

 Printed name of Notary Public

 Notary Public Signature and Seal

My Commission Expires: _____