Assignment of Life Insurance Proceeds

l,	, hereby state that I am the beneficiary under insurance Policy number
issued by	on the life of
	, now deceased and further state that I am entitled to
receive the death benefit of	payable under said policy.
	urnished, services rendered and other expenses requested by me and
incurred in connection with the	funeral, preparation, burial and final expenses of, I hereby assign and transfer to Colonial – Wojciechowski
	Road, Niles, Illinois 60714 the proceeds of said policy to extent of irect that payment of said sum be paid to said funeral home and the
	neral director my attorney with power and authority to do all things
insurance company from any and all liabilit	with my request and direction, I hereby release the above mentioned by with respect to any amount paid to said funeral director and agree lest shall fully discharge said insurance company with respect to any
This instrument shall be binding up	on me, my executors, administrators, heirs and assigns forever.
Signature of beneficiary	Printed name of beneficiary
State of Illinois	
County of Cook	
that	, a Notary Public in and for said County and State, do hereby certify personally known to me to be the same person whose name is d before me this day in person and acknowledged that signed, sealed oluntary act, for the purposed therein set forth.
	Given under my hand and notarial seal this
	day in the year
	Notary Public