

# Mortuary Aid Co.

1050 Lakes Drive #252  
West Covina, CA 91790

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## ASSIGNMENT OF INSURANCE PROCEEDS

DECEDENT: \_\_\_\_\_

BENEFICIARY: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

INS. POLICY NUMBER(S): \_\_\_\_\_

INS. CO. PHONE: \_\_\_\_\_ INS. CO. FAX: \_\_\_\_\_

AMOUNT TO BE PAID TO THE MORTUARY: \$ \_\_\_\_\_

### 1. Assignment of Insurance Proceeds.

The beneficiary identified above hereby irrevocably assigns and transfers to the mortuary the proceeds of the insurance policy(s) listed above for the purpose of funding, in whole or in part, the purchase of funeral goods and services from the mortuary for the decedent.

### 2. Collection of Proceeds.

The mortuary acknowledges and agrees that the proceeds of the insurance policy(s) will not be paid to the mortuary unless the mortuary provides the funeral goods and services contracted for. Any excess funds remaining after payment of the funeral expenses will be refunded by the mortuary to the beneficiary.

### 3. Nonpayment of Proceeds.

In the event that the insurance company refuses to pay or has not forwarded the proceeds within 30 days of executing this Assignment of Insurance Proceeds to the mortuary from insurance policy(s) stated above, the beneficiary agrees to immediately pay the outstanding amount.

**IN WITNESS WHEREOF**, the beneficiary and the mortuary have executed this Assignment of Insurance Proceeds on the dates set forth below.

X \_\_\_\_\_  
Beneficiary Print Name Date

X \_\_\_\_\_  
Mortuary Representative Print Name Date