

Equitable Reserve Association

A Not-For-Profit Fraternal Life Insurance Association, est. 1897

Instructions for Assignment of Beneficial Interest of Insurance Proceeds

The **Assignment of Beneficial Interest** form provides a life insurance beneficiary with a method by which any portion of the death proceeds the beneficiary is about to receive can be paid directly to another person or organization that the beneficiary has designated.

The primary use made by beneficiaries of this form is to assign proceeds to the funeral home handling the insured's funeral or to reimburse a relative or friend of the deceased insured who paid all or part for the funeral.

Before a beneficiary assigns benefits to a funeral home, or to anyone else, they should be aware of the final cost of the funeral or the actual cost they have decided to pay. Only the amount that actually covers the charges expected should be assigned. Any proceeds paid in excess of actual cost may or may not be refunded to the beneficiary by the party receiving the assigned proceeds. Once assigned proceeds are paid as directed Equitable Reserve Association is not responsible for any further assignment of benefits or reimbursement to the beneficiary of benefits paid in excess of charges.

Read and complete the form carefully. Any amount not assigned will be paid directly to the beneficiary in accordance with the policy's provisions.

The completed form must be signed before a notary before it can be accepted.

The request must be received in the Home Office of Equitable Reserve Association before any benefits have been paid to the beneficiary. If the form is received after benefits have already been paid the request for assignment of proceeds cannot be honored.

Mail completed form to:
Equitable Reserve Association
Attn: Claims Department
P.O. Box 448
Neenah, WI 54957-0448

Keep a copy of the completed form for your records.

Call the Claims Department at 1-800-722-1574 if you have any questions or concerns.

Equitable Reserve Association

Assignment of Beneficial Interest of Insurance Proceeds

to

(Name of person or organization the proceeds are assigned to)

(Address)

(Social Security or Tax Identification Number)

I, _____ as beneficiary and claimant to the life insurance
(Name of beneficiary assigning the proceeds)

proceeds on the life of _____,

Equitable Reserve Association Policy numbers: _____,

do hereby authorize and direct Equitable Reserve Association to pay to

(Name of person or organization the proceeds are assigned to)

the sum of _____ from the proceeds of the listed policies.
(The amount to be transferred, if less than the total proceeds. If all, state " All proceeds")

I understand, the proceeds I have authorized to be paid to the above party will be in lieu of payment to me, as specified in the above policy or policies. This payment which will be paid to someone other than myself will satisfy the policy requirements for payment of benefits to me in full, or to the extent of the total proceeds the authorized amount represents, if it is not for the full amount of available proceeds.

Signed _____, Date _____
(Beneficiary - Claimant)

County of _____, State of _____

On this _____ day of _____ 20____, personally appeared before me the

above named _____ to me known to be such person or persons, and, who subscribed the foregoing assignment before me and stated under oath that the above assignment is _____ voluntary act and deed, being under no restraint whatever. (a/not a)

Notary Public _____

County _____ State _____

(Seal)

My Commission Expires _____