

ASSIGNMENT OF POLICY

Liberty Life Insurance Company PO Box 789 Greenville, SC 29602-0789

800-551-8354 Monday-Friday 8:00-5:30 EST
EMail Address: AgencyCS@rbc.com

Policy Number _____

For value received, and subject to the terms and conditions of this policy, including any rider or amendment that effects the coverage under this policy, the undersigned hereby assigns to:

(NAME OF FUNERAL HOME), _____ as creditor,

of _____

Street

City

State

Zip Code

as his/her/its interest may appear, all right, title and interest in this policy.

This assignment is: **IRREVOCABLE** **REVOCABLE**

If by reason of accumulated value the policy should be worth more than the cost of goods and services when provided, then

(NAME OF FUNERAL HOME) _____

agrees to refund to (NAME OF OWNER OR BENEFICIARY) _____

the amount of difference between the value of the policy and the goods and services at the time of delivery. This assignment is subject to any assignment of the Policy in favor of, or any indebtedness of the undersigned under the Policy, to Liberty Life Insurance Company. This assignment shall not be binding upon Liberty Life Insurance Company until a signed original, or a duplicate of a signed original, is filed at its home office. Liberty Life Insurance Company shall not be held responsible for the validity or sufficiency of this assignment. If the identification number of more than one policy is included above, this assignment shall be separately read with respect to each Policy.

Signed and sealed at (*City/State*) _____

on (*month, day*) _____, 20 _____.

I UNDERSTAND THAT THIS IS AN INSURANCE POLICY, NOT A PREARRANGED FUNERAL CONTRACT.

OWNER'S SIGNATURE _____ (L.S.)

WITNESS _____

FUNERAL HOME DIRECTOR'S SIGNATURE _____ (L.S.)

WITNESS _____

This assignment should be signed in triplicate. The original and a duplicate should be forwarded to the Home Office with the original and duplicate of the application. An acknowledged copy will be returned for attachment to the Policy.

FOR HOME OFFICE USE ONLY:

Acknowledged and filed at the Home Office of Liberty Life Insurance Company in Greenville, South Carolina,

this _____ day of _____, 20 _____, by _____

Liberty Life Insurance Company