

# Freedom of Choice

*Funeral Benefit Plan*  
(Life Insurance)

*offered by*  
American Income Life  
Insurance Company

Choice of Funeral Home

**Attention: Funeral Director**

Please Call

**1-800-433-3405**

**www.aife.com**  
to verify benefits.

# ASSIGNMENT

I hereby assign \$ \_\_\_\_\_ of life insurance policy number \_\_\_\_\_  
(amount)

with American Income Life Insurance Company to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In connection with my contract with the assignee dated

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Beneficiary

\_\_\_\_\_  
Address

\_\_\_\_\_

