

**GULF GUARANTY LIFE INSURANCE COMPANY**  
**P. O. BOX 12409**  
**JACKSON, MS 39236-2409**

**ASSIGNMENT OF BENEFITS**

I, \_\_\_\_\_, the undersigned, do hereby declare that I am the beneficiary or assignee of the following policy(ies) issued by Gulf Guaranty Life Insurance Company on the life of \_\_\_\_\_, now deceased, Social Security Number \_\_\_\_\_, who died on \_\_\_\_\_, and that I am entitled to assign and grant a release for the proceeds of the policy(ies):

Policy Number _____	Amount _____
Policy Number _____	Amount _____
Policy Number _____	Amount _____

I hereby certify that \_\_\_\_\_ Funeral Home has fully and completely delivered the funeral service and/or merchandise for the above named deceased. I hereby assign, set over and transfer unto said Funeral Home, the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) out of the proceeds of said policy(ies). I hereby authorize and direct Gulf Guaranty Life Insurance Company to issue a check to said Funeral Home for the assigned amount, and to pay the remainder of the proceeds of said insurance policy(ies), if any, to me. I agree that such payment of the proceeds shall discharge, in full, all liability of Gulf Guaranty Life Insurance Company under the policy(ies).

_____ Signature of Beneficiary/Assignee	_____ Date
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State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:  
\_\_\_\_\_