

Funeral Directors Authorization Assignment

Date: _____

For value received, I, _____,
beneficiary named in Policy # _____ issued
upon the life of _____, do hereby
assign the exact amount of \$ _____ to

Welch Funeral Home Inc., 202 South Fourth, Arkadelphia, AR, 71923.

and waive all claims that I might have against _____
_____ Insurance Company.

Signature _____ Phone# _____

Address _____

SS# _____ DOB _____

Signature _____ Phone# _____

Address _____

SS# _____ DOB _____

Signature _____ Phone# _____

Address _____

SS# _____ DOB _____

Witness _____

Welch Funeral Home Inc.-870-230-1400

Fed ID#20-2067614