

FREEDOM OF CHOICE

☒ **Funeral Benefit Plan (life insurance)**

offered by American Income Life Insurance Company

Choice of Funeral Home

Attention: Funeral Director

Please fax the signed form to 254-741-5705.

For questions, call 1-800-433-3405

or email CL@AILife.com.

Agent's Signature



American Income
life insurance company



ASSIGNMENT

I hereby assign \$ _____ of life insurance policy # _____
Amount Policy Number

with American Income Life Insurance Company to _____
Print Name

in connection with my contract with the assignee dated _____.

Dated this _____ day of _____
Date Month/Year

Witness

Beneficiary Name

Beneficiary Address



American Income
life insurance company

PO Box 2608
Waco, TX 76702
Ailife.com