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IRREVOCABLE ASSIGNMENT OF BENEFITS OF LIFE INSURANCE/ANNUITY (FUNERAL HOMES)

Name of Insured: _____

Name of Certification owner (If other than Insured): _____

City/State/Zip: _____

The owner of the life insurance or annuity certificate referred to above hereby irrevocably assigns and transfers all of the benefits and proceeds of such certificate to , of (Funeral Home)_____, of City, State)_____, its successors and assigns, or any other Funeral Home as its interest may appear designated by owner or owner's representatives.

1. This irrevocable assignment is made to the funeral home in order to fund the Prearranged Funeral Agreement executed on this date.
2. The Owner acknowledges that by making this agreement irrevocable, it cannot be cancelled although it does not affect the right of the Owner to cancel the insurance certificate within the examination period provided under the certificate.
3. The owner also irrevocably waives and cannot exercise the following rights:
 - a. The right to collect from the Insurance company the net proceeds of the certificate when it becomes a claim by death.
 - b. The right to surrender the certificate and receive the cash surrender value of the certificate.
 - c. The right to obtain a certificate loan.
 - d. The right to designate as primary beneficiary of the certificate anyone other than the Funeral Home or another funeral home licensed in this or another state.
 - e. The right to collect or receive income, distributions or shares of surplus, dividend deposits, refunds of premium, or additions to the certificate.
4. It is expressly agreed that the owner retains the right to designate and change the assignee to another funeral home licensed in this or another state, but any designation or change of the assignee shall be made subject to this assignment. Such designation is not effective until written notification is received by the funeral home. It is agreed that upon notification, the funeral home shall assign all its rights and interest in this assignment to the new primary beneficiary and shall be relieved of all obligations hereunder.

5. It is agreed that if the insured is:
 - a. a person who during their lifetime received medical assistance from State_____
 - b. surviving spouse of a person who received medical assistance, any excess certificate proceeds remaining after payment to the funeral home for funeral goods and services shall be paid to _____ the extent of medical services expended on the deceased recipient.
6. The Assignee funeral home is under no obligation to pay any premium or other charges on the certificate.
7. Sons of Norway hereby acknowledges that by recording this Irrevocable Assignment of Benefits, it agrees to accept and abide by the terms thereof.
8. Sons of Norway assumes no responsibility as to the effect, sufficiency or validity of the above assignment

Executed this _____ day of _____

Certificate Owner

Funeral Home

Address

Authorized Funeral Home Representative

City/State/Zip Code

Address

City/State/Zip Code

PRIMARY BENEFICIARY DESIGNATION (Use complete Legal Name): I name the following irrevocable Primary Beneficiary to receive from my death benefit proceeds under the Certificate, such amounts sufficient to satisfy my funeral expenses, in the event of my death.

Funeral Home Name or Funeral Home as Their Interest May Appear _____
Share: Per Assignment _____ Tax ID Number _____
Address _____
Email _____ Phone _____

*CONTINGENT BENEFICIARY DESIGNATION (Use complete Legal Name): If any death benefit proceeds exceed funeral expenses submitted by the Primary Beneficiary, the excess shall be paid to the following revocable Contingent Beneficiary(ies). If there are multiple beneficiaries, **TOTAL Percentage must equal 100%**.

*Full Name _____ Share % _____
Date of Birth _____ Relationship to Owner _____

*Full Name _____ Share % _____
Date of Birth _____ Relationship to Owner _____

*Full Name _____ Share % _____
Date of Birth _____ Relationship to Owner _____

Owner Signature _____ Date _____
Witness (Not a Beneficiary and must be 18 or older) _____
Owner Date of Birth _____ SSN _____ Phone _____
Address _____ Email _____

Recorded by:

Sons of Norway

Date

Signature