

RAHMA FUNERAL HOME

7810 Spring Valley Road, Dallas, Texas 75254
Phone: (972) 386-0383, Fax: (972) 386-0388

INSURANCE ASSIGNMENT FORM

Name of Insured: _____

Policy Number: _____

Name of Insurer: _____

Name of Policy Owner: _____

Name of Beneficiary: _____

For and in consideration of the merchandise and services supplied and rendered, and the payment of the funeral services of _____ by Rahma Funeral Home, the undersigned, having contracted for, and having agreed to pay for, the said services and expenditures \$ _____, do hereby assign proceeds from the aforementioned life/burial insurance policy to the named beneficiary.

Any monies hereby in excess of the total invoice amount of the merchandise and services supplied and rendered, and the payment of funeral services, shall be returned to the estate of said named policy owner/named insured/named beneficiary, _____, for distribution.

Witness the following signatures and seals this, the ____ day of _____, 20__.

1) _____
(named policy owner, insured or insured's representative)

2) _____
(agent/company representative and/or funeral home representative)

Subscribed and sworn to before me the ____ day of _____, _____.

Notary Public.