



Legends Funeral Home
101-B Centerpoint Rd., San Marcos, Texas 78666
512-256-1220 main/512-692-1919 fax
LegendsFuneralHome@gmail.com

ASSIGNMENT OF INSURANCE POLICY

Policy No.
Beneficiary
Amount of Assignment \$
(statement enclosed)
Date of Policy

Ladies/Gentlemen:

As beneficiary under the above named Policy, I irrevocably assign to **Legends Funeral Home**, my claim under said policy and authorize payment to **Legends Funeral Home**, of the amount due to be applied on the funeral for _____, DECEASED. In the event the check in payment cannot be made payable directly to **Legends Funeral Home**, I hereby request the check be made payable jointly to myself as Beneficiary and **Legends Funeral Home**, Assignee.

Witness

Beneficiary

Relationship to Insured

Street Address

City/State/Zip Code

STATE OF TEXAS
COUNTY OF _____

Subscribed and sworn to before me, the undersigned authority, this the _____ day of _____, 20____.

Notary Public in and for Hays County, Texas