



DIRECTORS LIFE ASSURANCE COMPANY

9020 North May, Suite 120
Oklahoma City, OK 73120

P.O. Box 20428
Oklahoma City, OK 73156

800-256-8003
405-842-1234
405-842-4998 Fax

IRREVOCABLE ASSIGNMENT OF LIFE INSURANCE OR ANNUITY POLICY

I, _____ of _____, hereby irrevocably assign to _____ ("Funeral Home"), or any other funeral provider designated by me or my legal representative, as his/her/its interest may appear, the life insurance or annuity policy designated below ("Policy") issued by Directors Life Assurance Company, subject to paragraph 3 below and subject to all terms and conditions of this policy.

1. This irrevocable assignment is made to Funeral Home in consideration of the Prearranged Funeral Contract with Funeral Home executed by me on the date shown below, or to any funeral provider as its interest may arise, by the fact of providing funeral services and/or merchandise after my death.
2. I understand that by signing this document I have irrevocably waived, and may not hereafter exercise, any of the following rights:
 - a. The right to collect from (Directors Life Assurance Company) the net proceeds of the Policy when it becomes a claim by my death;
 - b. The right to designate as primary beneficiary of the Policy anyone other than Funeral Home or any other Funeral provider as its interest may appear;
 - c. The right to hereafter surrender the Policy and receive its surrender value;
 - d. The right to obtain a loan or advance on the Policy or pledge or assign it as collateral;
 - e. The right to receive surplus or dividend distributions or additions to the policy;
 - f. The right to exercise any nonforfeiture rights in the Policy;
 - g. The right to receive any income from the Policy, if the Policy is an annuity.
3. I understand that I, or my legal representative, retain the right to change the irrevocable assignee to another funeral provider.
4. The irrevocable assignee shall be under no obligation to pay any premium or any other charges on the Policy.
5. Directors Life Assurance company is hereby authorized to recognize as valid the assignment and any exercise of rights by the assignee hereunder without any further investigation or inquiry on the part of Directors Life Assurance. The liability of Directors Life Assurance Company under this Agreement shall be fully discharged upon the payment of the sums herein assigned to the irrevocable assignee as its interest may appear.
6. I hereby declare that no proceedings in bankruptcy are pending against me and that my property is not subject to any assignment for the benefit of creditors.
7. In the event of any conflict between or among provisions of this assignment, the Prearranged Funeral Contract and the Policy, the provisions of this assignment shall prevail.
8. I ACKNOWLEDGE AND UNDERSTAND THAT I SHALL HAVE NO RIGHT TO REVOKE, CANCEL, OR OTHERWISE TERMINATE THIS IRREVOCABLE ASSIGNMENT.

Signature of Policyowner

Date

Address
Accepted By: _____
Name of Funeral Provider *Authorized Signature*

Address

Policy No. _____
To be completed by Directors Life Assurance Co.