



DIRECTORS LIFE ASSURANCE

Transfer of Assignment/Modification of Funeral Home Planning Agreement Form

Name of Policyowner: _____ Policy #: _____

Name of Insured: _____ Telephone #: _____

Current Address of Policyowner: _____

City, State, Zip _____

Name of Original Assignee Funeral Home Firm _____

Name of New Assignee ("Successor") Funeral Home Firm _____

Successor Funeral Home Telephone # _____

Successor Funeral Home Address _____

City, State, Zip _____

I hereby redesignate or reassign any death benefit payable under the coverage identified above to be paid to the Successor Funeral Firm. If irrevocable, I understand that this change of designation does not revoke any prior irrevocable change of ownership. Therefore, any waiver of my rights to surrender the policy/certificate for cash or to obtain a loan remains in effect.

Signature of Policyowner _____ Date _____

Successor Funeral Firm, please check one of the following and initial to reflect the terms under which you accept this reassignment:

_____ The Successor Funeral Firm agrees to accept all terms of the previously signed Funeral Planning Agreement and to provide the previously selected Goods and Services.

_____ The Successor Funeral Firm agrees to accept all terms of the previously signed Funeral Planning Agreement except the itemization of goods and services. A Statement of Goods and Services will be substituted for those previously chosen.

_____ This is a redesignation of policy benefits only. The successor funeral firm does not accept the terms of any previous Funeral Planning Agreement. (Policyowner must also initial this selection if checked.) _____ Policyowner initials

Signature of Successor Assignee Funeral Firm Representative _____ Date _____

Mail completed form to: Directors Life Assurance Company
P.O. Box 20428
Oklahoma City, OK 73156