



# Freedom of Choice

*Funeral Benefit Plan*  
(life insurance)

*offered by*  
**National Income Life  
Insurance Company**

Choice of Funeral Home

**Attention: Funeral Director**  
Please call

**315-451-8180**

**www.nilife.com**  
to verify benefits.

# ASSIGNMENT

I hereby assign \$ \_\_\_\_\_ of life insurance policy number \_\_\_\_\_  
(amount)

with National Income Life Insurance Company to:

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in connection with my contract with the assignee dated \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Beneficiary

\_\_\_\_\_  
Address  
\_\_\_\_\_

