

Seawright Funeral Home, Inc.

Po Box 192 26 E. Main Street
Inman, South Carolina 29349

fax: 864-472-7930
seawrightfh@aol.com

ph: 864-472-6836
Service with dignity and compassion
since 1925

www.seawright-funeralhome.com

IRREVOCABLE INSURANCE ASSIGNMENT

I _____ being entitled to receive benefits under policy number(s): _____ on the life of: _____ now deceased and having contracted with and indebted to **Seawright Funeral Home** for funeral services and merchandise for the deceased in the amount of _____ do hereby set over, assign and transfer unto aforesaid Funeral Home, the sum of _____ out of the proceeds of said Insurance Policy. I hereby authorize and direct said Insurance Company to make its check payable to the aforesaid Funeral Home for the assigned amount and pay the remainder of the proceeds of said insurance policy, if any, to me. The undersigned and my/our Attorney-in-fact to act for me/us with full power to make collections of, compromises settle and receipt for the proceeds of said policies or certificates in my/our names and otherwise with authority to endorse checks as fully as I/We myself/ourselves could do, with full power of substitution and revocation hereby ratifying and conforming all that my/our attorneys or their substitutes may do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on: _____

Signed _____
Beneficiary
Name _____
Address _____
City State Zip _____
Relationship _____
Soc. Sec. No. _____

Signed _____
Beneficiary
Name _____
Address _____
City State Zip _____
Relationship _____
Soc. Sec. No. _____

WITNESS:

Name _____ Address _____

MAKE FUNERAL HOME CHECK PAYABLE TO:

Firm **Seawright Funeral Home**
Address **26 East Main Street**
City State Zip **Inman, SC 29349**

Tax ID Number _____
Phone **864-472-6836** Fax **864-472-7930**
Signed _____