



P.O. Box 3599  
 Topeka, KS 66601-9738  
 Phone: 1-800-792-4884  
 FAX:844-264-6285

**Irrevocable Assignment of Benefits of Life Insurance/Annuity Policy**

Name of Insured	
Name of policy owner	
Insurer	
Policy Number	

The owner of the life insurance policy referred to above hereby irrevocably assigns and transfers all the benefits and proceeds of such policy to \_\_\_\_\_, of  
 \_\_\_\_\_ (Funeral Home)

\_\_\_\_\_, its successors and assigns, or any other Funeral Home as its  
 \_\_\_\_\_ (City, State)

interest may appear designated by owner or owner's representative.

1. This irrevocable assignment is made to the funeral home in order to fund the Prearranged Funeral Agreement executed on this date.
2. The Owner acknowledges that by making this agreement irrevocable, it cannot be cancelled although it does not affect the right of the Owner to cancel the insurance policy within the examination period provided under the policy.
3. The Owner also irrevocably waives and cannot exercise the following rights:
  - a. The right to collect from the Insurance Company the net proceeds of the policy when it becomes a claim by death.
  - b. The right to surrender the policy and receive the cash surrender value of the policy.
  - c. The right to obtain a policy loan.
4. It is expressly agreed that the owner retains the right to designate and change the assignee to another funeral home licensed in this or another state, but any designation or change of assignee shall be made subject to this assignment. Such designation is not effective until written notification is received by the funeral home. It is agreed that the new primary beneficiary and shall be relieved of all obligations hereunder.

5. It is agreed that if the insured is a) a person who during their lifetime received medical assistance from the Kansas Department of Health and Environment, or b) a surviving spouse of a person who received medical assistance, any excess policy proceeds remaining after payment to the funeral home for funeral goods and services shall be paid to the Secretary of the Kansas Department of Health and Environment to the extent of medical services expended on the deceased recipient.
  
6. The Assignee funeral home is under no obligation to pay any premium or other charges on the policy.
  
7. The insurance company hereby acknowledges that by recording the Irrevocable Assignment of Benefits, it agrees to accept and abide by the terms thereof.

Executed this \_\_\_\_\_ day of \_\_\_\_\_.

Policy/Annuity Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/Zip code: \_\_\_\_\_

Funeral Home: \_\_\_\_\_

Authorized Funeral Home Representative: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Recorded by:

Insurance Company: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_