

# Freedom of Choice

*Funeral Benefit Plan*  
(life insurance)

*offered by*  
American Income Life  
Insurance Company

Choice of Funeral Home

**Attention: Funeral Director**  
Please fax the signed form to :

254-741-5705

For questions, call

**1-800-433-3405**

[www.ailife.com](http://www.ailife.com)

\_\_\_\_\_  
Signature of Agent



AG-2077 (R9-18)

## ASSIGNMENT

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

with American Income Life Insurance Company to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Beneficiary

\_\_\_\_\_  
Address

\_\_\_\_\_

AG-2077 (R9-18)