

POLICY NUMBER

BENEFICIARY'S ASSIGNMENT OF POLICY PROCEEDS

Please read all instructions carefully and complete all applicable sections of this form. Unclear or missing information may delay or prevent processing. Sign and date the form and submit all pages. This form is provided without prior verification of coverage and without any assurances that the person assigning their interest in the policy proceeds will be the appropriate payee or beneficiary. North American Insurance must receive an IRS Form W-9 from the assignee before making payment.

DECEASED INSURED'S NAME

BENEFICIARY'S NAME		ASSIGNEE'S NAME				
ASSIGNEE'S STREET ADDRESS (NO P	PO BOXES)			TELEPH	ONE NUMBER	
CITY	STATE	ZIP	E-MAIL A	ADDRESS		
AMOUNT ASSIGNED FROM YOUR POF	RTION OF THE PROC	EEDS* AL. IF PARTIA	L, SPECIFY A	AMOUNT: \$		
*If a full transfer is selected, all including any interest that may b dollar amount must be specified instead of the Assignee.	e reported as tax	able to the	Beneficiar	ry. If a part	ial transfer is sele	cted, a
I hereby irrevocably assign to the identified above and direct North Arproceeds to the Assignee. I acknoby North American Insurance. Nort responsibility for, the validity of this	merican Insurance wledge that this a th American Insura	e Company (assignment v	"North Ame vill not cha	erican Insura nge any fec	ance") to pay the as leral or state tax re	ssigned eporting
Beneficiary's Signature Dat		e				
If the beneficiary is not an individua ☐ Personal Representative/Execut	-		•			
If you are signing on behalf of t describes the capacity in which y		orint your n	ame and s	sign below	and check the b	ox that
☐ Conservator ☐ Guardian	_	of Attorney				
Signature:						
Print Name:						
NOTARY SEAL					NOTARY SEAL	
Subscribed and sworn to before me this	day of		, 20			
by	whose identity was proven to me by satisfactory evidence.					
Signature Of Notary Public:						
Notary Public in and for the County of		, And th	e State of			
My Commission Expires:						

Note: The notary public must be a disinterested party and cannot be an insurance agent, beneficiary or the assignee.

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INSTRUCTIONS

Each beneficiary who wishes to assign their portion of the policy proceeds must complete a Beneficiary's Assignment of Proceeds. A beneficiary assigning proceeds to more than one assignee must complete a Beneficiary's Assignment of Policy Proceeds for each assignee. The Beneficiary's Assignment of Proceeds must be submitted to North American Insurance prior to payment of the claim.

Definitions

Assignee: The individual or entity (such as a funeral home) to whom the beneficiary is assigning some or all of the policy proceeds.

Beneficiary: The individual or entity designated at the time of the insured's death to receive death benefits payable under the policy.

Signature Requirements

All applicable required signatures must be included when submitting this form. Processing will be delayed if signature requirements are not satisfied. The Assignee must provide a completed and signed IRS Form W-9.

Trust – All trustees must sign if required by the trust agreement. A copy of the trust agreement and a current Certification of Trustee Powers form must be on file before a withdrawal can be processed. Check the "Trustee" box below the Beneficiary's signature line.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the owner. Provide a copy of the guardianship/conservator documents if not previously submitted.

Power of Attorney – Provide a copy of the power of attorney (if not previously provided), and complete and submit a Certification of Power of Attorney form.

Corporation – Check the "Officer Title" box below the owner signature line and write the title of the officer signing for a corporate owner in the space next to it. Provide a copy of the corporate resolution evidencing the officer's signing authority.

North American Insurance® Mailing Address and Contact Information			
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004		
Fax	(877) 584-2777		
Email	OxfordPHS@oxfordlife.com		
Policyholder Services	(866) 641-9999		
Website	www.oxfordlife.com		

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