OXFORD
LIFE INSURANCE COMPANY®

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. Oxford Life Insurance Company ("Oxford Life") must receive an IRS Form W-9 from the assignee before making payment.

POLICY NUMBER	DECEASED INSURED'S NAME		
BENEFICIARY'S NAME	ASSIGNEE'S NAME		
ASSIGNEE'S STREET ADDRESS (NO PO BOXES)			PHONE NUMBER
CITY	STATE	ZIP	E-MAIL ADDRESS
AMOUNT ASSIGNED FROM YOUR PORTION OF THE PROCEEDS* CHECK ONE OF THE FOLLOWING: ❑ FULL OR ❑ PARTIAL. IF PARTIAL, SPECIFY AMOUNT: $_____			

***If a full transfer is selected, all proceeds payable to the Beneficiary will be transferred to the Assignee, including any interest that may be reported as taxable to the Beneficiary. If a partial transfer is selected, a dollar amount must be specified and any proceeds in excess of that amount will be paid to the Beneficiary instead of the Assignee.**

I hereby irrevocably assign to the Assignee all of my right, title, and interest in the assigned policy proceeds identified above and direct Oxford Life and/or its third-party administrators, representatives, or agents, to pay the assigned proceeds to the Assignee. I acknowledge that this assignment will not change any federal or state tax reporting by Oxford Life. Oxford Life does not express any opinion regarding, or assume any responsibility for, the validity of this assignment.

SIGN HERE _____

Signature –Beneficiary Date

If the beneficiary is not an individual, complete one of the following:

❑ Personal Representative/Executor ❑ Trustee or ❑ Officer Title: _____

If you are signing on behalf of the beneficiary, print your name, sign below and check the box that describes the capacity in which you are signing: ❑ Conservator ❑ Guardian ❑ Power of Attorney

I certify that the conservatorship, guardianship, or power of attorney authorizing me to act for the beneficiary has not been terminated or modified in any way that would affect my ability to act for the policy owner. I agree to indemnify, defend, and hold Oxford Life harmless for, from, and against any losses, liability, claims, and costs (including attorney's fees) resulting from acting on my instructions.

SIGN HERE Signature: _____ Print Name: _____

Date

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 the State of _____

My Commission Expires:_____

NOTARY SEAL

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

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 Proceeds for each assignee. The Beneficiary's Assignment of Proceeds must be submitted to Oxford Life prior to payment of the claim.

Definitions

Assignee: The person or entity to whom the beneficiary is assigning policy proceeds. The assignee may be an individual or an entity (such as a funeral home).

Beneficiary: The person 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 Trustee Certification and Indemnification form must be on file before a withdrawal can be processed. Check the "Trustee" box below the Beneficiary signature line.

Guardian or Conservator – The guardian or conservator must sign and identify the capacity in which they are signing for the beneficiary. Provide a copy of the guardianship/conservator papers 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 Beneficiary signature line and write the title of the officer signing for a corporate beneficiary in the space next to it. Provide a copy of the corporate resolution evidencing the officer's signing authority.

CA Residents - Any person who knowingly presents false and fraudulent information to obtain or amend insurance coverage on an application for insurance, making a change to an existing product, or when notice of a claim is provided to the insurer may be guilty of a criminal offense and subject to penalties under state law.

Mailing Address and Contact Information	
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