OXFORD®
LIFE INSURANCE COMPANY

866-641-9999

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 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)			TELEPHONE 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 Insurance Company ("Oxford Life") 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.

____
Beneficiary's Signature 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 and sign below and check the box that describes the capacity in which you are signing.

❑ Conservator ❑ Guardian ❑ Power of Attorney

Signature:____

Print Name:____

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 Policy 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 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.

Oxford Life® Mailing Address and Contact Information	
Regular or Overnight Mail	2721 North Central Avenue, Phoenix, Arizona 85004
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