

Assignment of Benefit

I, _____ being entitled to receive benefits under the State
(Beneficiary)

of Delaware Self Insured Program for Volunteer Fire Companies on the life of

_____, now deceased, and having contracted with and being

indebted to _____
(Funeral Home) (address)

_____ for funeral services and merchandise for the deceased in the

amount of _____ Dollars (\$_____)

do hereby set over, assign and transfer unto said Funeral Director the sum of

_____ Dollars (\$_____)

out of the proceeds of said benefit; and I hereby authorize and direct the State of Delaware

Insurance Coverage Office to make its check payable to said Funeral Director for the assigned

amount and to pay the remainder of the proceed of said Insurance Benefit, if any, to me. A

statement of charges for funeral expenses for the deceased is attached hereto.

Address: _____

Date Signed: _____

Sworn and subscribed before me

the _____ day of _____, _____

Notary Public

My Commission Expires _____