UNION BACKED FREEDOM OF CHOICE

FUNERAL BENEFIT PLAN (LIFE INSURANCE) offered by

American Income life insurance company

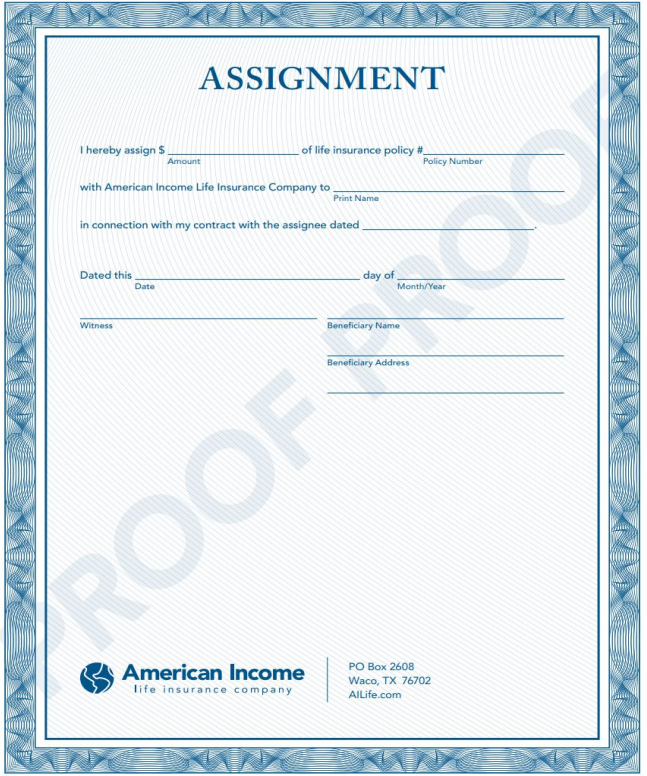
FREEDOM OF CHOICE CERTIFICATE

Choice of Funeral Home

Attention: **Funeral Director**
Please fax the signed form to **254-741-5705**.
For questions, call **1-800-433-3405**
or email **CL@AILife.com**.

Agent's Signature

AG-2077 (R11-21)



ASSIGNMENT

I hereby assign $ _____ (Amount) of life insurance policy # _____ (Policy Number)

with American Income Life Insurance Company to _____ (Print Name)

in connection with my contract with the assignee dated _____.

Dated this _____ (Date) day of _____ (Month/Year)

_____ (Witness)

_____ (Beneficiary Name)

_____ (Beneficiary Address)

American Income life insurance company

PO Box 2608
Waco, TX 76702
AILife.com