IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

POLICY NUMBERS(S)	
AND ANY OTHER POLICY ISSUED BY	ON THE LIFE OF
(NAME OF INSURANCE	E COMPANY)
	DO HEREBY IRREVOCABLY ASSIGN, SET OVER AND TRANSFER UNTO
(NAME OF DECEASED INSURED)	
	ITS/HIS SUCCESSORS AND ASSIGNS, THE SUM OF
(NAME OF FUNERAL HOME)	
(WRITE IN AMOUNT BEING ASSIGNED)	(\$
CONSIDERATION FOR THE ASSIGNMENT OF THIS AMOUNT BEING (1) FUNERAL GOODS AND S HAVE BEEN ACCEPTED BY US AND/OR (2) ADVANCE PAYMENT OF PROCEEDS OF THE ABOVE INSURANCE COMPANY TO PAY \$	MENTIONED POLICY(S). I (WE) HEREBY AUTHORIZE AND DIRECT THE ABOVE-NAMED E CINCINNATI EQUITABLE LIFE INSURANCE COMPANY AT P.O. BOX CEEDS ARE ERRONEOUSLY PAID TO ME (US) BY THE ABOVE-NAMED INSURANCE NAMED ABOVE OR THE REASSIGNMENT BY THE FUNERAL HOME TO THE CINCINNATI REMIT SAID FUNDS TO THE CINCINNATI EQUITABLE LIFE INSURANCE COMPANY AS OUR ATTORNEY-IN-FACT TO ACT FOR ME (US) WITH FULL POWER TO AMES, OR OTHERWISE, ANY CHECK, DRAFT, RECEIPT OR RELEASE FOR THE PROCEEDS WS, EXECUTE PROOFS OF LOSS OR PROOFS OF CLAIM AND TO EXECUTE ALL NECESSARY OSES AS WE OURSELVES COULD DO, HEREBY RATIFYING AND CONFIRMING ALL THAT OUR RNEY SHALL BE IRREVOCABLE AND COUPLED WITH AN INTEREST. I (WE) ALSO AUTHORIZE VE-NAMED DECEASED INSURED, AND/OR ANY ORGANIZATION, AGENCY, ENTITY, OR
CINCINNATI EQUITABLE LIFE INSURANCE COMPANY ANY AND ALL INFORM POLICY. THE UNDERSIGNED HEREBY GRANTS THE CINCINNATI EQUITABLE LIFE IN PRIVACY ACT AND FREEDOM OF INFORMATION ACT INFORMATION REQUESTED BY IT TO PRO OF THE DEATH CERTIFICATE FOR THE DECEASED INSURED. FOR VALUE RECEIVED, I/WE AN COMPANY AND/OR EMPLOYER FROM ANY AND ALL LIABILITY TO ME THE CINCINNATI EQUITABLE LIFE INSURANCE COMPANY ABOUT THE AND BENEFICIARY DESIGNATION. EACH ASSIGNOR HEREIN DOES HEREBY ACKN ASSIGNED TO THE FUNERAL HOME, AND REASSIGNED TO THE CINCINNATI EQUITABLE INSURANCE PROCEEDS ARE IRREVOCABLY ASSIGNED AND REASSIGNED TO THE CINCINNA RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED BY THE UNDERSIGNED BENEFICIARY(S). IN THE ABOVE-NAMED INSURANCE COMPANY TO BE LESS THAN THE AMOUNT HEREIN ASSIGN OF ORTHWITH REIMBURSE THE CINCINNATI EQUITABLE LIFE INSURANCE CO ACKNOWLEDGE THAT HE/SHE IS A U.S. CITIZEN, AT LEAST EIGHTEEN (18) YEARS OF AGE AND CINCINNATI EQUITABLE LIFE INSURANCE COMPANY AS MY POWER OF CLAIM FORMS/CLAIMANT STATEMENTS REQUIRED TO COMPLETE AN THE ABOVE INSURANCE COMPANY INCLUDING FOR THE FULL PROC I AUTHORIZE CINCINNATI EQUITABLE LIFE INSURANCE COMPANY TO AN ACCEPTABLE SUBSTITUTE) IN MY NAME, AS WELL AS ANY DOCU	IATION IT REQUESTS REGARDING THE POLICY(S), BENEFICIARY(S) AND CLAIM(S) ON THE ISURANCE COMPANY PERMISSION TO OBTAIN FROM THE AFORESAID PARTY(S) ALL DCESS ALL INSURANCE CLAIMS HEREUNDER, INCLUDING OBTAINING CERTIFIED COPIES GREE TO HOLD HARMLESS THE ABOVE-NAMED LIFE INSURANCE //US WITH REGARD TO ITS/THEIR RELEASE OF INFORMATION TO ABOVE LIFE INSURANCE CONTRACT/POLICY(S)/POLICY BENEFITS, OWLEDGE THAT HE/SHE DOES NOT RETAIN OR KEEP ANY CONTROL OVER THE FUNDS .E LIFE INSURANCE COMPANY AND THAT THE ABOVE-SPECIFIED LIFE ATI EQUITABLE LIFE INSURANCE COMPANY FOR VALUE RECEIVED, THE THE EVENT THAT THE LIFE INSURANCE PROCEEDS ARE ULTIMATELY DETERMINED BY ED ABOVE, THEN, UPON NOTICE TO HIM/HER OF THE DEFICT IN PROCEEDS, I/WE AGREE OMPANY THE ENTIRE BALANCE DUE HEREUNDER. EACH ASSIGNOR DOES HEREBY D IS NOT SUBJECT TO BACKUP WITHHOLDING BY THE IRS. I/WE AUTHORIZE THE DF ATTORNEY TO COMPLETE, SIGN, AND ENDORSE ANY AND ALL NY AND ALL CLAIM(S) ON THE ABOVE POLICY(S) AND CLAIM(S) FOR EEDS OF SAID POLICY(S)AND CLAIM(S).
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