American Century Life Insurance Company

Phone 855.966.1111 | Fax 855.855. 0181 | service@aclic.com

1333 W. McDermott Dr. #200, Allen, TX 75013

Assignment of Benefits

WARNING

Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Policy Information

Policy #: Issue Date: / /

Insured Information

Full Name: Date of Birth: / / SSN:

Address: City: State: Zip:

Date of Death: / / Place of Death:

Original Beneficiary Information

Full Name: Relationship to insured: Phone #:

Address: City: State: Zip:

Assignee Information

Name: % of Benefits Assigned: Phone #:

Address: City: State: Zip:

Name: % of Benefits Assigned: Phone #:

Address: City: State: Zip:

Name: % of Benefits Assigned: Phone #:

Address: City: State: Zip:

Acknowledgment

Original Beneficiary and Assignee(s) acknowledge by signing below that:

1. The Original Beneficiary waives, releases, and relinquish any and all rights, claims, interests, or benefits he/she may have now or in the future in connection with the above-referenced policy
2. The Original Beneficiary assigns and transfers any such rights, claims, interests, or benefits to the Assignees listed above
3. Each Assignee will be paid their share of the benefits only and will have to submit the required claim documents to American Century Life Insurance Company.
4. American Century Life Insurance Company will be fully discharged from all liability under this contract to the extent of any payment made by ACLIC in good faith, in accordance with the directions received in this Assignment of Benefits Form.

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Signatures

Original Beneficiary Name	Original Beneficiary Signature	Date

Dated at: ______________ This ________ Day of ________
State of ____________ County of: ______________
Sworn and subscribed before me on this ________ Day of ______________
Notary: ______________ My commission expires: ____________
[Seal]

Assignee Name	Assignee Signature	Date

Dated at: ______________ This ________ Day of ________
State of ____________ County of: ______________
Sworn and subscribed before me on this ________ Day of ______________
Notary: ______________ My commission expires: ____________
[Seal]

Assignee Name	Assignee Signature	Date

Dated at: ______________ This ________ Day of ________
State of ____________ County of: ______________
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[Seal]