



CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

CINCINNATI EQUITABLE LIFE INSURANCE COMPANY TRANSFER OF ASSIGNMENT FORM

Policy Number	Mailing Address
Insured	City, State, Zip
Owner	Telephone Number
Original Funeral Home	Successor Funeral Home
Street and Number	Street and Number
City, State, Zip	City, State, Zip
Telephone Number	Telephone Number

I hereby redesignate or reassign any death benefit payable under the coverage identified above to be paid to the Successor Funeral Firm in return for the Successor Funeral Firm's agreement to provide funeral goods and services. If irrevocable, I understand that this change of designation does not revoke any irrevocable change of ownership. Therefore, any waiver of my rights to surrender the policy/certificate for cash or to obtain a loan remains in effect.

The Successor or Funeral Firm agrees to provide the previously selected Goods and Services or similar Goods and Services to my satisfaction.

Owner Signature _____ Successor Funeral Firm Representative Signature _____

Was policy ownership irrevocably assigned to the Original Funeral Firm? Yes _____ No _____

If yes, I request that the Original Funeral Firm transfer any ownership interest that it may have to the Successor Funeral Firm by signing below. If Cincinnati Equitable Life Insurance Company does not receive a response by _____, Cincinnati Equitable Life Insurance Company will assume acceptance by the Original Funeral Firm in accordance with the wishes of the owner/insured.

Original Funeral Firm Representative Signature _____

FOR HOME OFFICE USE ONLY
Cincinnati Equitable Life Insurance Company acknowledges receipt of the request, has made the requested change and has retained a copy of the request.
By: _____
Date: _____

RETURN TO:
Cincinnati Equitable Life Insurance Company, P.O. Box 3428, Cincinnati, OH 45201
Endorsed copies will be returned to Funeral Home and Owner