

**CINCINNATI EQUITABLE LIFE  
INSURANCE COMPANY**

***Assignment Program***

**Funeral Home Contact Form**

*Please Type or Print Clearly*

Funeral Home: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Cincinnati Equitable Life Insurance Company**  
**P.O. Box 3428 • 525 Vine Street • Cincinnati, OH 45201-3428**  
**Home Office (800) 621-1826 • Fax (513) 621-4531**