



ASSIGNMENT OF CONTINGENT

PRINT LEGIBLY

2491 Alluvial Ave. Ste. 170
Clovis, CA 93611
1-855-54-PAMANA
1-855-547-2626

Current Plan _____

Participant/Owner _____

Instructions for completing this form:

1. This form must be completed in ink and cannot be altered by the use of correction fluid.
2. Please print legibly.
3. The plan owner and assigned contingent must sign the form.

I hereby assign the following person as the contingent of my Pamana Funeral Expense Benefit Plan. Contingent meaning: this person would assume responsibility of carrying my final wishes.

Contingent's Name: _____

Contingent's Phone Number: _____

Contingent's Email: _____

Contingent's Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Signature of Owner

Date

Signature of Contingent

Date