

IRREVOCABLE ASSIGNMENT WITH LIMITED POWER OF ATTORNEY

Assurance Funeral Funding, LLC.

Processing: 11650 Lantern Road, Suite C, Fishers, IN 46038

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The undersigned beneficiary(ies) collectively "I or "Me" under the insurance policy, certificate, or being the person(s) equitably entitled to the benefits thereunder:

Insurance Co:	Policy #(s):	Policy #(s):
Policy #(s):	Policy #(s):	Policy #(s):

<i>Beneficiary (must list all to be valid)</i>	<i>Beneficiary (1)</i>	<i>Beneficiary (2)</i>	<i>Beneficiary (3)</i>
Name of Beneficiary			
Address			
City, State & Zip			
Phone Number			
Date of Birth			
Social Security #			

ON THE LIFE OF _____ (DECEASED-INSURED) I DO IRREVOCABLY ASSIGN, SET OVER AND TRANSFER UNTO _____ (FUNERAL HOME/FIRM), THE SUM OF \$ _____ WHICH IS TO BE PAID FROM THE BENEFITS OF THIS INSURANCE POLICY.

I hereby direct the above-named insurance company to pay the amount assigned as listed above to Assurance Funeral Funding, LLC. (herein referred as AFF), 11650 Lantern Road C, Fishers, IN 46038, making the check for the assigned proceeds payable solely to AFF, and not jointly to Me and AFF. If after this Assignment any of the assigned proceeds are paid to Me by the above-named insurance company, then I recognize that the funds will have been paid in error and I agree to hold these proceeds in trust for the use of AFF and to immediately turn over these funds to AFF no later than ten(10) days. I represent and warrant that I will immediately provide AFF all information and documentation necessary for processing of the Assignment. I agree that I will be liable to AFF for any loss AFF suffers, including all reasonable attorneys' fees, as a result of a breach of any of the terms contained in this Assignment. I agree that the above-mentioned insurance company will not be liable to Me with regard to its release of information to AFF about the Policy. I acknowledge that I do not retain or keep any control over the funds assigned to the Funeral Home/Firm and re-assigned to AFF, and that the specified insurance proceeds are irrevocably assigned to the Funeral Home/Firm and re-assigned to AFF. I APPOINT AFF AS MY ATTORNEY-IN-FACT TO ACT FOR ME WITH FULL POWER TO MAKE COLLECTION OF AND TO ENDORSE IN MY NAME ANY CHECK, DRAFT, OR RELEASE FOR THE PROCEEDS OF THE POLICY. I AUTHORIZE AFF TO EXECUTE ALL NECESSARY PAPERWORK TO OBTAIN THE AFOREMENTIONED INSURANCE PROCEEDS. THIS AUTHORIZATION IS IRREVOCABLE AND IS COUPLED WITH AN INTEREST. I AUTHORIZE AND DIRECT THE ABOVE-NAMED INSURANCE COMPANY, AND/OR ITS REPRESENTATIVES OR AGENTS TO RELEASE TO AFF ALL INFORMATION AND DOCUMENTATION REGARDING THE POLICY. I GRANT AFF PERMISSION TO OBTAIN ALL INFORMATION, INCLUDING NON-PUBLIC, PERSONAL INFORMATION, REQUESTED BY IT TO PROCESS ALL INSURANCE CLAIMS HEREUNDER, INCLUDING OBTAINING CERTIFIED COPIES OF THE DEATH CERTIFICATE FOR THE DECEASED INSURED. IF AFF RECEIVES FROM THE INSURANCE COMPANY LESS THAN THE AMOUNT REPRESENTED BY ME BECAUSE I AM NOT THE BENEFICIARY OF THE POLICY, BECAUSE OF UNPAID POLICY PREMIUMS, OR BECAUSE OF UNDISCLOSED LOANS AGAINST OR PRIOR ASSIGNMENTS OF THE POLICY OR ANY OTHER OMISSION OR MISREPRESENTATION, I AGREE TO IMMEDIATELY PAY TO AFF THE AMOUNT OF ITS LOSS ARISING FROM THAT BENEFICIARY STATUS NONPAYMENT OR UNDISCLOSED LOAN OR ASSIGNMENT. I agree that Hamilton County, Indiana shall be the exclusive jurisdiction and venue for legal proceedings hereunder. I understand that AFF/Funeral Home/Firm charges a fee of 3.5% to process this Assignment.

I (WE) HEREBY AUTHORIZE ASSURANCE FUNERAL FUNDING, LLC OR ITS REPRESENTATIVES AS MY LIMITED ATTORNEY-IN-FACT TO COMPLETE, SIGN, AND ENDORSE ANY AND ALL CLAIM FORMS AND/OR CLAIMANT STATEMENTS NECESSARY TO COMPLETE ANY AND ALL CLAIM(S) ON THE ABOVE POLICY(IES) & CLAIM(S) FOR THE ABOVE MENTIONED INSURANCE COMPANY INCLUDING FOR THE FULL PROCEEDS OF SAID POLICY(IES) AND CLAIM(S). Dated: ____/____/____

_____/_____
(1) Beneficiary Signature / Relationship (2) Beneficiary Signature / Relationship (3) Beneficiary Signature / Relationship

Irrevocable Re-Assignment To Assurance Funeral Funding, LLC

The undersigned irrevocably assigns to Assurance Funeral Funding, LLC., 11650 Lantern Road, Suite C, Fishers, IN 46038, all of its interest in the above-listed assignment, and appoint AFF, as its representative. This power of attorney shall be irrevocable and coupled with an interest. I also direct that payment be made directly and solely to AFF. In the event that any payments of proceeds are made by the insurance company, its agent or the beneficiary(ies) to me, I agree to hold the proceeds in trust and to immediately within ten(10) days pay the proceeds to AFF, without the necessity of any request to so pay the funds. The signatory on behalf of myself and the Funeral Home/Firm, I agree that Hamilton County, Indiana shall be the exclusive jurisdiction and venue for legal proceedings hereunder. AFF can reverse the assigned amount and charge back the funeral home if the insurance company pays less than the assigned amount owed AFF. The Funeral Home/Firm agrees to be responsible for any loss.

By _____ / _____
Funeral Home/Firm Name Authorized Signatory of Funeral Home/Firm / Print Name

NOTARY: County of _____ State of _____, _____ Beneficiary(ies) and _____ (Authorized Signatory of Firm), appeared before me ____/____/____ (date) in person and executed the same as free and voluntary acts for the uses and purposed set forth above. _____ (Notary Public Signature) My Commission Expires: ____/____/____

(Attach Seal)

Funeral Home _____ PH _____ Fax _____

Cost Calculator:
(A) Funeral Cost: _____ **X (3.5% AFF Fee) = (B)** _____
Funeral Cost: (A) _____ **+ AFF Fee (B)** _____ **= Total Cost (C)** _____
 Place the total cost (C) on page (1) of the Irrevocable Assignment, if a beneficiary desires additional funds, include the desired funds within the Funeral Cost.

Deceased Name	Date of Birth	Date of Death	SS#

- A. Manner of Death: Natural Suicide Accident Homicide Unknown
- B. Has the insurance company been notified of the deceased's death: Yes No
- C. Is the policy in the contestability period 2 years for most companies:? Yes No
- D. Taking loans and unpaid premiums into consideration, will the policy cover the assignment:? Yes No

Insurance Company Name: _____ **Policy Type?** **Individual** or **Group Policy**

Beneficiary (s) Name (s): _____

Insurance Policy # (s): _____

Group Policy Information
Employer: _____ **Contact Person (Name & Phone)** _____

***** *AFF Use Only* *****

	Pending Notice		Beneficiary	Assignment Amount	\$
	Docs Faxed		Amount	AFF Fee	\$
	Claim Forms		Issue Date	Amount Funded	\$
	Approval		Loans		

Insurance Company Ph: _____ Fax: _____

Date