

## **Instruction Sheet**

**(The following will help us verify information needed for approval in a timely manner)**

- Email, fax or use the Direct Upload on our website to send us the Irrevocable Assignment
- Make sure all “fields” are completed.
- Include the following if available: **(Funeral Home Bill, Death Certificate, cover page of the insurance policy)**.
- Group Policies: please include the name of the employer and a contact number
- **Cost Calculator**: use only if the family is paying the fee. Always complete first prior to putting the amount on the Irrevocable Assignment.

## **Turn Around Time**

Individual policies typically same day  
Group Policies 24-48 hours

## **Denials or problems**

If there is a problem with the policy such as (policy is not active, wrong beneficiary) we will call the funeral home immediately.

**IRREVOCABLE ASSIGNMENT WITH LIMITED POWER OF ATTORNEY****Assurance Funeral Funding, LLC.**

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

Phone: 888-359-3040

**Fax: 317-401-8008** : [Processing@AssuranceFuneralFunding.com](mailto:Processing@AssuranceFuneralFunding.com)

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

**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)

**POLICY VERIFICATION FORM** (TO BE COMPLETED BY FIRM PERSONNEL)**Assurance Funeral Funding, LLC.**

Funeral Home \_\_\_\_\_ PH \_\_\_\_\_ Fax \_\_\_\_\_

**Cost Calculator:****(A) Funeral Cost:** \_\_\_\_\_ **X 3% 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 ☐ UnknownB. Has the insurance company been notified of the deceased's death:? ☐ Yes ☐ NoC. Is the policy in the contestability period 2 years for most companies:? ☐ Yes ☐ NoD. 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	

**IRREVOCABLE ASSIGNMENT WITH LIMITED POWER OF ATTORNEY****Assurance Funeral Funding, LLC.**

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

Phone: 888-359-3040

Fax: 317-401-8008 : [Processing@AssuranceFuneralFunding.com](mailto:Processing@AssuranceFuneralFunding.com)

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:	<b>Western Southern</b>	Policy #(s):	<b>123456</b>	Policy #(s):	<b>12314515</b>
Policy #(s):		Policy #(s):		Policy #(s):	
<b>Beneficiary (must list all to be valid)</b>					
<b>Beneficiary (1)</b>		<b>Beneficiary (2)</b>		<b>Beneficiary (3)</b>	
Name of Beneficiary	<b>Jim Doe</b>				
Address	<b>123 S Main St</b>				
City, State & Zip	<b>Indianapolis, IN 46202</b>				
Phone Number	<b>317-555-5555</b>				
Date of Birth	<b>01-01-1945</b>				
Social Security #	<b>555-55-5555</b>				

ON THE LIFE OF **Jane Doe** (DECEASED-INSURED) I DO IRREVOCABLY ASSIGN,  
SET OVER AND TRANSFER UNTO **ABC Funera Home** (FUNERAL HOME/FIRM),  
THE SUM OF \$ **10,300** 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Jim Doe's Signature**

(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 **ABC Funera Home**

Funeral Home/Firm Name

**Funeral Director's Signature**

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)

**POLICY VERIFICATION FORM** (TO BE COMPLETED BY FIRM PERSONNEL)**Assurance Funeral Funding, LLC.**Funeral Home ABC Funeral Home PH 555-555-5555 Fax 555-555-5555**Cost Calculator:**(A) Funeral Cost: 10,000 X 3% AFF Fee = (B) 300Funeral Cost: (A) 10,000 + AFF Fee (B) 300 = Total Cost (C) 10,300

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#
Jane Doe	5/5/1944	1/1/2018	555-55-5555

- 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: Western Southern Policy Type? ☒ Individual or ☐ Group PolicyBeneficiary (s) Name (s): Jim DoeInsurance Policy # (s): 123456 12314515Group Policy Information

Employer: \_\_\_\_\_ Contact Person (Name &amp; 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	
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# ASSURANCE

FUNERAL FUNDING

11650 Lantern Road, Suite C Fishers, IN 46038

Office: 888-359-3040 Fax: 800-859-6083

[Processing@AssuranceFuneralFunding.com](mailto:Processing@AssuranceFuneralFunding.com)

## Assignment Approved

Date: January 1, 2018

To: ABC Funeral Home

Attention: Admin

**Deceased Name:**

Jane Doe

**Firm Name:**

ABC Funeral Home

**Insurance Company:**

Western Southern

Assignment Amount: \$ 10,300

AFF Fee: \$ 300

Total Amount Funded: \$ 10,000

Deposit date: 1/1/18

**Notes:** In order to process the claim we will need the following documents sent to us. (X)

☐

Faxed (If selected all documents maybe faxed to us instead of mailed)

☒

Mailed

☒

Certified Death Certificate

☒

Original Assignment Forms

☒

Funeral Bill

☐

Insurance Claim Forms

☐

Obituary Notice

☐

Other:

*ACH deposits can take up to 24 hours to appear in your account.*

**Please make sure to mail all original paperwork to AFF at: 11650 Lantern Road, Suite C Fishers, IN 46038. No documentation should be forwarded directly to the insurance company, despite any instructions provided by the insurance company.**