

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

11650 Lantern Rd. Suite C Fishers, IN 46038

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
- <u>Cost Calculator</u>: 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

ŭ	Road, Suite C, Fishers, IN 46038						AssuranceFuneralFunding.com
The undersigned beneficiary(ies) collectively "I or "Me" under the insurar Insurance Co:		nce policy, certificate, or being the person(s) equitably entitled Policy #(s):		Policy #(s):			
Policy #(s):		• ,	Policy #(s):		Policy #(s):		
Beneficiary (must list all to be valid) Beneficiary (1)		· oney m	Beneficiary (2)		Beneficiary (3)		
Name of Beneficiary			,,,,	-			, , ,
Address							
City, State & Zip							
Phone Number							
Date of Birth							
Social Security #							
ON THE LIFE OF				(DECEASE	D-IN	SURED) I DO IF	RREVOCABLY ASSIGN
SET OVER AND 1	RANSFER UNTO						(FUNERAL HOME/FIRM)
THE SUM OF \$		WHI	CH IS TO BE PAI	FROM THE B	ENE	FITS OF THIS	S INSURANCE POLICY
Assignment. I agree that I will I agree that the above-mention any control over the funds ass re-assigned to AFF. I APPOII ANY CHECK, DRAFT, OR AFOREMENTIONED INSUFABOVE-NAMED INSURAN REGARDING THE POLICY. TO PROCESS ALL INSUINSURED. IF AFF RECEIVITHE POLICY, BECAUSE OOTHER OMISSION OR MISNONPAYMENT OR UNDISCIPLIANCE OF THE POLICY, BECAUSE OF THE OMISSION OR MISNONPAYMENT OR UNDISCIPLIANCE OF THE OMISSION OR MISNONPAYMENT OR UNDISCIPLIANCE OF THE OWNER AND ENDORSE AIR ABOVE POLICY(IES) & CO.	no later then ten(10) days. I represent the liable to AFF for any loss AFF sured insurance company will not be liable to the Funeral Home/Firm and NT AFF AS MY ATTORNEY-IN-FARELEASE FOR THE PROCEEDS ANCE PROCEEDS. THIS AUTHOUS THE COMPANY, AND/OR ITS RIS. I GRANT AFF PERMISSION TO RANCE CLAIMS HEREUNDER, ES FROM THE INSURANCE COMFUNPAID POLICY PREMIUMS, CORREPRESENTATION, I AGREE TO CLOSED LOAN OR ASSIGNMENTHOME/Firm charges a fee of 3.5% to RIZE ASSURANCE FUNERAL FOR THE ABOVE MEION CONTRACTOR OF THE ABOVE MEION CONTRACTO	ffers, included ble to Me vare-assigned ACT TO AC GOFTHE ORIZATIO EPRESEN' OBTAIN A INCLUDIN MPANY LE DE BECALD IMMEDIA T. I agree the process this UNDING, ND/OR CI	ing all reasonable attorned with regard to its release of the AFF, and that the spect for ME WITH FULL POLICY. I AUTHORIZ IN IS IRREVOCABLE A TATIVES OR AGENTS ALL INFORMATION, INCIPATE OF UNDISCLOSED TELY PAY TO AFF THE THAT HAMILTON COUNTY, Indies Assignment. LLC OR ITS REPRESALAIMANT STATEMEN	ys' fees, as a result of information to AFF actified insurance procedured in Feet Power To Making E AFF TO EXECUT ND IS COUPLED WE TO RELEASE TO CLUDING NON-PUBLIFIED COPIES OF AT REPRESENTED DOANS AGAINST E AMOUNT OF ITS and shall be the exclusions of the exclusi	If a bread bout the about	each of any of the te the Policy. I acknow re irrevocably assig LLECTION OF AN L NECESSARY P AN INTEREST. I A F ALL INFORMAT PERSONAL INFO DEATH CERTIF ME BECAUSE I AI PRIOR ASSIGNME S ARISING FROM Unisdiction and venue	erms contained in this Assignmen wledge that I do not retain or kee ned to the Funeral Home/Firm an ID TO ENDORSE IN MY NAMI APERWORK TO OBTAIN THI AUTHORIZE AND DIRECT THITION AND DOCUMENTATION RMATION, REQUESTED BY I'LL ICATE FOR THE DECEASE IN NOT THE BENEFICIARY OF THAT BENEFICIARY STATUSE for legal proceedings hereunde EY-IN-FACT TO COMPLETE AND ALL CLAIM(S) ON THI
(1) Beneficiary Signature	/ Relationship (2) Beneficiar	y Signature / F	Relationship	(3) Be	eneficiary Signature	/ Relationship
(1) Donousing dignatation			gnment To Assu	'	` '		, . totalonomp
AFF, as its representative. The payments of proceeds are man proceeds to AFF, without the restriction and was a supersection and was a supersection.	assigns to Assurance Funeral Funding is power of attorney shall be irrevocated by the insurance company, its age necessity of any request to so pay the venue for legal proceedings hereunde F. The Funeral Home/Firm agrees to	g, LLC., 116 ble and cou ent or the be funds. The er. AFF can	50 Lantern Road, Suite C pled with an interest. I al neficiary(ies) to me, I agr e signatory on behalf of m reverse the assigned am sible for any loss.	s, Fishers, IN 46038, a so direct that payment see to hold the proceed yself and the Funeral	all of its t be m ds in tr Home t the fu	s interest in the aborade directly and sol rust and to immediate/Firm, I agree that I uneral home if the in	ely to AFF. In the event that any tely within ten(10) days pay the Hamilton County, Indiana shall be
				•	ııı c /F‼	ını / P	
NOTARY: County of and	State of(Authorized Signa	atory of Firm\	appeared before me		(date) in person and ex	Beneficiary(ies)
voluntary acts for the uses	and purposed set forth above		• •		•	, .	res://
(Attach Spal)							

POLICY VERIFICATION FORM (TO BE COMPLETED BY FIRM PERSONNEL)

Funeral H	ome		PH	Fax	
Cost Calc	ulator:				
(A) Funer	ral Cost:	x 3% AFF	Fee) = (B)		
Funeral C	Cost: (A)	+ AFF Fee (B)	=To	tal Cost(C)	
Place the to	otal cost (C) on page (1) of the Irrev	ocable Assignment, if a ber	neficiary desires additional fu	nds, include the desired funds within	
	the second of the page (2) or the second		,		
Deceased	d Name	Date of Birth	Date of Death	SS#	
				_	
Α. Ν	Manner of Death: Natu	ral Suicide	Accident OH	omicide Unknown	
	Has the insurance company be	_		\sim	Yes No
				Ž	$\mathbf{\tilde{Q}}$
	s the policy in the contestabil			\sim	Yes No
D. 1	Taking loans and unpaid prem	iums into consideration	on, will the policy cover	the assignment:?	Yes No
Beneficiary	Company Name:				or Group Policy
Insurance	Policy # (s):				
-	icy Information				
Employer:		Contact Person	(Name & Phone)		
*****	*********	**************************************	<u>Use Only ************************************</u>	*********	********
	Pending Notice	Bene	ficiary	Assignment Amount	\$
	Docs Faxed	Amou	ınt	AFF Fee	\$
	Claim Forms	Issue	Date	Amount Funded	\$
	Approval	Loans	5		
Incurance (Company Ph:		av.	<u></u>	
	Company Ph:		ax		
Date					
l					

IRREVOCABLE ASSIGNMENT WITH LIMITED POWER OF ATTORNEY

(Attach Seal)

	tarra Daniel Cuita C. Fisharra IN 40020							unung, LLC.
<u> </u>	tern Road, Suite C, Fishers, IN 46038		888-359-3040					ceFuneralFunding.com
	ary(ies) collectively "I or "Me" under the insurant Western Southern	Policy #(s		tne person(s) equita		cy #(s):	12314	1515
Policy #(s):		Policy #(s			Poli	cy #(s):		
Beneficiary (must list all to b	pe valid) Beneficiary (1)	, ,	Benefic	iary (2)		, , ,	Beneficiary (3)	
Name of Beneficiary	Jim Doe						, , ,	
Address	123 S Main St							
City, State & Zip	Indianapolis, IN 4620							
Phone Number	317-555-5555	_						
Date of Birth	01-01-1945							
Social Security #	555-55-5555							
ON THE LIFE OF	Jano	e Doe		(n	FCFASFD-IN	SURED) I D	O IRREVO	CABLY ASSIGN,
-	D TRANSFER UNTO		ABC Fu	nera Home	202/1025 //1	00/122/12		ERAL HOME/FIRM),
THE SUM OF \$	10,300					EFITS OF 1		RANCE POLICY.
Me by the above-named iturn over these funds to a Assignment. I agree that I agree that I agree that the above-me any control over the fundare-assigned to AFF. I APANY CHECK, DRAFT, AFOREMENTIONED IN ABOVE-NAMED INSUREGARDING THE POLICY PROCESS ALL II INSURED. IF AFF RECUTHE POLICY, BECAUS OTHER OMISSION OR NONPAYMENT OR UNITURE IN THE POLICY OF THE POLICY OF THE POLICY OF THE OMISSION OR NONPAYMENT OR UNITURE IN THE POLICY OF THE P	insurance company, then I recognize that the AFF no later then ten(10) days. I represent I will be liable to AFF for any loss AFF sufferntioned insurance company will not be liable sassigned to the Funeral Home/Firm and reproint AFF AS MY ATTORNEY-IN-FA OR RELEASE FOR THE PROCEEDS INSURANCE PROCEEDS. THIS AUTHOR RANCE COMPANY, AND/OR ITS RELICY. I GRANT AFF PERMISSION TO INSURANCE CLAIMS HEREUNDER, INCEIVES FROM THE INSURANCE COMPANY, AND/OR ITS RECIVES FROM THE INSURANCE COMPANY, AND/OR INSURANCE COMPANY, AND/OR ASSIGNMENT INSURANCE FUNERAL FILMS AND AND AND ASSIGNMENT IN THE AND AND ASSIGNMENT IN THE AND AND ASSIGNMENT IN THE AND ASSIGNMENT IN THE AND ASSIGNMENT IN THE AND AND ASSIGNMENT IN THE AND AND ASSIGNMENT IN THE ASSIGNME	the funds will at and warra fers, includir ble to Me w e-assigned CT TO AC OF THE P ORIZATION PRESENT OBTAIN AI INCLUDING PANY LES IN BECAUS IMMEDIA I agree tha process this	Il have been paid int that I will imming all reasonable ith regard to its at to AFF, and that T FOR ME WITT FOR ME	d in error and I agree nediately provide Al e attorneys' fees, as release of informatic the specified insura TH FULL POWER THORIZE AFF TO ABLE AND IS COLOR, INCLUDING I CERTIFIED COLOR, INCLUDING I CERTIFIED COLOR AMOUNT REPRESLOSED LOANS AFF THE AMOUN Inty, Indiana shall be	e to hold these proceeds a result of a brown to AFF about ance proceeds a TO MAKE CO EXECUTE ALUPLED WITH A EASE TO AFNON-PUBLIC, PIES OF THE SENTED BY INCAMPLE AGAINST OR FOR TOF ITS LOS IN the exclusive justice in the second of the second	proceeds in trus on and docume each of any of the Policy. I a tre irrevocably a publication of L NECESSAF AN INTEREST F ALL INFOR PERSONAL I DEATH CEF ME BECAUSE PRIOR ASSIG S ARISING FR urisdiction and	the tor the use of intation necessarine terms contaction necessarine terms contaction and the terms contaction and the terms contaction and the terms of the term	AFF and to immediately ary for processing of the ained in this Assignment. at I do not retain or keep Funeral Home/Firm and IDORSE IN MY NAME DRK TO OBTAIN THE IZE AND DIRECT THE D DOCUMENTATION N, REQUESTED BY IT OR THE DECEASED HE BENEFICIARY OF THE POLICY OR ANY ENEFICIARY STATUS proceedings hereunder.
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 S	oignature 							
(1) Beneficiary Signatu		Beneficiary	•	/ Relationship	, ,	eneficiary Signa		/ 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 then the assigned amount owed AFF. The Funeral Home/Firm agrees to be responsible for any loss. By ABC Funeral Home The Funeral Director's Signature								
Funeral Hon	ne/Firm Name		Autho	rized Signatory of F	uneral Home/Fi	rm /	Print Name	
• -	State of		······································			· · ·		Beneficiary(ies)
voluntary acts for the u	(Authorized Signa uses and purposed set forth above		ppeared before	e me/	((date (Notary Public Signa	, .		he same as free and

POLICY VERIFICATION FORM (TO BE COMPLETED BY FIRM PERSONNEL)

Funeral H	ome ABC	Funeral Home	_{PH} 555-555-5	5555 _{Fax} 555	-555-5555		
Cost Calc	ulator:						
(A) Funer	ral Cost: 10,000	x 3%AFF	Fee = (B) 300				
	Cost: (A) 10,000	+ AFF Fee (B)	300 =Tota	al Cost(C) 10,300			
	otal cost (C) on page (1) of the Irrev				in the Funeral Cost.		
Deceased	l Name	Date of Birth	Date of Death	SS#			
	Iona Daa	5/5/1944	4/4/2049		-		
	Jane Doe	5/5/1944	1/1/2018	555-55-555)		
A. N	A. Manner of Death: Natural Suicide Accident Homicide Unknown						
B. Has the insurance company been notified of the deceased's death:?							
C. I	s the policy in the contestabi	lity period 2 years for	most companies:?	C	Yes No		
D. T	Taking loans and unpaid prem	niums into consideratio	on, will the policy cover th	ne assignment:?	Yes No		
					,		
Insurance	Company Name: V	lestern Southern	<u>F</u>	Policy Type? X Individual	or Group Policy		
	and the D						
Beneficiary	y (s) Name (s): Jim D	Oe					
Insurance	Policy # (s):123	3456	12314515				
	icy Information						
-		Contact Barcon	(Nama & Dhana)				
Employer.		Contact Person	(Name & Phone)				
*****	********	****** AFF	Use Only ***********	*******	******		
	Pending Notice		ficiary	Assignment Amount	\$		
	Docs Faxed	Amou		AFF Fee	\$		
	Claim Forms Approval	lssue Loans		Amount Funded	\$		
	J						
Insurance (Company Ph:	F	ax:				
Date							
1							



11650 Lantern Road, Suite C Fishers, IN 46038 Office: 888-359-3040 Fax: 800-859-6083 Processing@AssuranceFuneralFunding.com

Assignment Approved

Date: January 1, 2018 To: ABC Funeral Home Attention: Admin						
Deceased Name:	. 10 200					
Jane Doe	Assignment Amount: \$ 10,300					
Firm Name:	AFF Fee: \$300					
ABC Funeral Home	Total Amount Funded: \$ 10,000					
Insurance Company: Western Southern	Deposit date: 1/1/18					
Notes: In order to process the claim we will reference of Faxed (If selected all document 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	its maybe faxed to us instead of mailed)					

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