

# IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

Deceased: \_\_\_\_\_ Assignment # \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 Policy Number(s): \_\_\_\_\_  
 Funeral Home and/or Cemetery: \_\_\_\_\_ Total Assigned: \_\_\_\_\_

This Irrevocable Assignment is made between Beneficiary below and the Funeral Home/Cemetery below. In consideration for the Funeral Home/Cemetery providing services in the burial of the above Insured, said services having requested and accepted by Beneficiary and/or additional funds have been advanced and paid to the Funeral Home/Cemetery and/or the Beneficiary by Funeral Funding Center ("FFC"). The undersigned irrevocably assigns to the Funeral Home/Cemetery, the above Assignment Amount, plus statutory interest from deceased's date of death until claim paid plus any unearned premiums. Beneficiary hereby guarantees the validity and sufficiency of the foregoing irrevocable assignment to the Funeral Home /Cemetery and Funeral Funding Center, and Beneficiary further guarantees to warrant title to the policy(s) and defend Funeral Funding Center against any claims on the policy(s). **Beneficiary hereby irrevocably authorizes said Insurance Company to make payment of the sum specified above, plus statutory interest and unearned premiums to FFC. Beneficiary hereby irrevocably authorizes said Insurance Company to give Funeral Home/Cemetery or FFC any information that it may require regarding said policy(s). Beneficiary hereby appoints Funeral Funding Center as their Attorney-in-fact and to act on their behalf with regard to the collection of, settlement of, and receipt of proceeds of said policy(s) or certificate(s), including but not limited to, giving Funeral Funding Center the right to endorse checks and claimant statement forms in my name. I authorize FFC to act on my behalf with regard to signing IRS Form W-9 (or an acceptable substitute) in my name.** If, for any reason, Funeral Funding Center does not receive full payment within 90 days I agree to immediately pay Funeral Funding Center the amount of its loss on the assignment. If for any reason it becomes necessary for Funeral Funding Center to proceed against me, I understand that I am liable for all costs of collections, including but not limited to, reasonable attorney's fees, and court costs. I agree that the exclusive jurisdiction for legal proceedings hereunder is Salt Lake County, Utah. **In the event the policy(s) is not enclosed, I certify that the policy(s) has been lost or destroyed.**

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ PH: _____ DOB: _____ SSN: _____ Signature _____ Relation _____ X _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ PH: _____ DOB: _____ SSN: _____ Signature _____ Relation _____ X _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ PH: _____ DOB: _____ SSN: _____ Signature _____ Relation _____ X _____ Name: _____ Address: _____ City: _____ State: _____ Zip: _____ PH: _____ DOB: _____ SSN: _____ Signature _____ Relation _____ X _____
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The foregoing Assignment was executed by the beneficiary(ies) named above, who is/are personally known to me or who has/have produced identification.

Notary Public Signature \_\_\_\_\_ Date \_\_\_\_\_ Notary Stamp or Seal \_\_\_\_\_

# IRREVOCABLE REASSIGNMENT AND POWER OF ATTORNEY



Funeral Funding Center P. 954.874.2474 F. 954.874.2475  
**Mail Payments to: P.O. Box 57250 · Salt Lake City, UT 84157-0250**  
 All Other Correspondence: P.O. Box 7070 · Rainbow City, AL 35906

The undersigned representative and funeral home or cemetery (collectively "the Funeral Home") irrevocably reassigns to **Funeral Funding Center ("FFC"), P.O. Box 7070 · Rainbow City, AL 35906** or assigns, all of its interest in the above Assignment and further appoints FFC to act as its Attorney-in-fact with regard to the collection of, settlement of, and receipt of the proceeds as said policy(s) or certificate(s) noted above, including but not limited to, the right to endorse checks. Any payment made by FFC to the Funeral Home pursuant to this Assignment agreement is without recourse, except where the assignment or funding was procured by fraud on the part of the Funeral Home. The Funeral Home hereby authorizes the above Insurance Company to issue a check(s) directly to FFC. In the event that any payments of proceeds are made by the Insurance Company, its agent or the beneficiary (ies) to the Funeral Home, the Funeral Home agrees to hold the proceeds in trust and to immediately pay the proceeds to FFC within 10 days, without necessity of any request to so pay the funds. The Funeral Home further agrees that upon request by either FFC or the Insurance Company it will promptly provide all documents, material or information identified and needed to process a claim on the decedent's policy. Funeral Home shall be liable to FFC for any attorney's fees and costs FFC incurs in having to enforce any of the terms of this assignment. The undersigned agrees that the exclusive jurisdiction and venue for legal proceedings hereunder is in Salt Lake County, Utah.

Signature of Funeral Home/Cemetery Authorized Representative \_\_\_\_\_ Name of Funeral Home / Cemetery \_\_\_\_\_

The foregoing Reassignment was executed by \_\_\_\_\_, who is personally known to me or who has produced identification.  
 Funeral Home/Cemetery Authorized Representative

Notary Public Signature \_\_\_\_\_ Date \_\_\_\_\_ Notary Stamp or Seal \_\_\_\_\_