



IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

To: 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 841009 · Pembroke Pines, FL 33084

DECEASED _____ SS# _____

INSURANCE COMPANY _____ CLAIM # _____

INSURANCE POLICY NUMBER(S) _____

ASSIGNED AMOUNT \$ _____ plus applicable interest from decedent's death according to State Law.

FOR VALUE RECEIVED, the undersigned does hereby assign, transfer, convey and set over to **Funeral Funding Center**, its successors and assigns, all of our right, title and interest in and to the Assignment attached hereto and the proceeds therein referred to and does hereby direct that payment therefore be made to **Funeral Funding Center, P.O. Box 57250, Salt Lake City, UT 84157** hereby ratifying, confirming and approving anything that the said Funeral Funding Center, may do in the premises.

The undersigned also irrevocably appoints **Funeral Funding Center**, hereafter referred to as **FFC**, and its assigns as it's Attorney-in-Fact to act for it with full power to make collection of, compromise, settle and receive the proceeds of said policies or certificates and the authority to endorse checks as full as it could do, with full power of substitution. In the event that no payments are received by **FFC**, within 90 days of this Assignment, then the undersigned does hereby, unconditionally and irrevocably guarantee to fully and promptly pay **FFC**, the amount of the assigned benefits immediately upon demand and without resort **FFC**, to any person or party. There shall be no duty or obligation upon **FFC**, to proceed against the insurance company, to initiate any proceeding or exhaust any remedies against the insurance company or any of the undersigned, or to give any notice to the undersigned before bringing suit or exercising any rights or instituting proceedings of any kind against the undersigned. The undersigned hereby appoints **FFC**, and its/his successors and assigns, as our attorney in fact, which **POWER OF ATTORNEY** is irrevocable and is coupled with interest, to act for us with full power to make collection of, compromise, settle and to endorse or receipt in our names.

If any provisions of this agreement or the application hereof to any person or circumstances, shall, to any extent, be invalid or unenforceable, then the remainder of said agreement shall not be affected thereby, and those provisions to this agreement shall be valid and enforceable to the full extent permitted by law. No failure or forbearance by **FFC**, to exercise any rights hereunder shall effect the obligations of the undersigned and shall not constitute a waiver of said rights. This irrevocable assignment contains the entire agreement between parties and no provision hereof may be modified, waived, or altered except by writing executed by the undersigned and **FFC**. It is agreed that Salt Lake County, Utah, shall be the irrevocable exclusive jurisdiction and venue for legal proceedings arising hereunder. In reference to **"The Freedom of Information Act"**, the undersigned hereby grants **FFC**, permission to obtain from the foresaid party all privacy act and Freedom of Information requested by it to process all insurance claims hereunder.



Signature of Firm Representative _____ Printed Name _____

Funeral Home/Cemetery _____ Telephone # _____

Address _____ City _____ State _____ Zip _____

The foregoing Assignment was executed by _____, who is personally known to me or who has produced identification.



NOTARY PUBLIC SIGNATURE _____ DATE _____ NOTARY STAMP OR SEAL _____