

IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

Insurance Company		Policy Number(s)		Deceased Insured	
Beneficiary(s) Name	Address, City, State, Zip	Date of Birth	Social Security #	Phone #	Email
Funeral Home/Cemetery				Assignment Amount	
				\$	

This Irrevocable Assignment is made between the Beneficiary(s) referenced above ("Beneficiary" "Us", "Our" or "We") and the Funeral Home/Cemetery referenced above. In consideration of the Funeral Home/Cemetery providing services for the burial of the above-referenced Deceased Insured, said services having been requested and accepted by Beneficiary and/or additional funds having been advanced and paid to the Funeral Home/Cemetery or Beneficiary by Funeral Funding Center ("FFC"), We **irrevocably** assign to the Funeral Home/Cemetery the proceeds of the above-referenced insurance policy(s) ("Policy") in the amount of the above-stated Assignment Amount, plus any unearned premium and statutory interest from the Deceased Insured's date of death until the claim is paid. Beneficiary hereby guarantees to the Funeral Home/Cemetery and to FFC the validity and sufficiency of the foregoing assignment, and Beneficiary further guarantees and warrants title to the Policy and to defend FFC against any claims against or to the Policy. Beneficiary hereby **irrevocably** authorizes said Insurance Company to make payment of the amounts specified above, plus statutory interest and unearned premiums, to FFC. **Beneficiary hereby irrevocably authorizes said Insurance Company to give Funeral Home/Cemetery and FFC any information that either may request regarding said Policy. Beneficiary hereby appoints FFC as their attorney-in-fact to act on their behalf with regard to the collection of, settlement of, and receipt of proceeds of said Policy or certificate(s), including, but not limited to, giving FFC the right to endorse checks and claim statements and forms in Our name.** If, for any reason, FFC does not receive full payment within 90 days, We agree to immediately pay FFC the amount of its loss on this assignment. If FFC proceeds against Us for any reason, We shall be liable for all costs of collection, including, but not limited to, reasonable attorney's fees and court costs. We agree that the exclusive jurisdiction and venue for legal proceedings hereunder is in Salt Lake County, Utah. **In the event the Policy is not enclosed, We certify that the Policy has been lost or destroyed**

 1st Beneficiary's Signature	Relationship to Deceased	 2nd Beneficiary's Signature	Relationship to Deceased
 3rd Beneficiary's Signature	Relationship to Deceased	 4th Beneficiary's Signature	Relationship to Deceased

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

 NOTARY PUBLIC SIGNATURE	DATE	NOTARY STAMP OR SEAL
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IRREVOCABLE REASSIGNMENT AND POWER OF ATTORNEY

To: Funeral Funding Center · P. 256.442.0020 F. 256.442.0107

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 reassign to **Funeral Funding Center, PO Box 7070, Rainbow City, AL 35906 ("FFC")** all rights and interests in the above-referenced Policy and in the assignment set forth above, and hereby appoint FFC to act as Our attorney-in-fact with regard to the collection of, settlement of, and receipt of the proceeds of said Policy or certificate(s), including, but not limited to, the right to endorse checks and other instruments. Any payment made by FFC to the Funeral Home pursuant to this Assignment agreement is without recourse to the Funeral Home, except where the assignment or funding was procured by fraud on the part of the Funeral Home. The Funeral Home hereby authorizes the above-referenced Insurance Company to issue all proceeds and checks directly to FFC. In the event that any payments of any proceeds of the Policy are made by the Insurance Company or any agent, or by Beneficiary, to the Funeral Home, the Funeral Home shall hold such proceeds in trust and shall pay them to FFC within 5 business days, without the necessity of any request from FFC. Upon request by either FFC or the Insurance Company, the Funeral Home shall promptly provide all documents, materials or information requested to process a claim on said Policy. The Funeral Home shall be liable to FFC for all attorney's fees and costs that FFC incurs in enforcing any of the terms of this assignment. The undersigned agree 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
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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
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