

IRREVOCABLE ASSIGNMENT

Insured/Deceased _____ Beneficiary _____
Insurance Company _____ and its successors or assigns
Policy Number(s) _____
Funeral Home/Cemetery _____
Assignment Amount \$ _____ (_____).

This Irrevocable Assignment is made between Beneficiary above and the Funeral Home above. In consideration for the Funeral Home providing services in the burial of the above Insured, said services having requested and accepted by Beneficiary and/or additional funds have been advanced to Beneficiary, the undersigned irrevocably assigns to Funeral Home or its assigns, the above Assignment Amount, plus statutory interest from deceased's date of death until claim paid and plus unearned premiums. Beneficiary hereby guarantees the validity and sufficiency of the foregoing irrevocable assignment to the Funeral Home or its assigns, and Beneficiary further guarantees to warrant title to the policy(s) and defend Funeral Home or its assigns 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 the Funeral Home or its assigns. In addition, Beneficiary hereby irrevocably authorizes said Insurance Company to give Funeral Home or its assigns any information that it may require regarding said policy(s). Beneficiary hereby appoints Funeral Home or its assigns 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 Home or its assigns the right to endorse checks, sign and submit claimant statement forms. Beneficiary further acknowledges that this assignment may be reassigned. As such, if for any reason it becomes necessary to proceed against the Beneficiary or the Funeral Home, it is hereby agreed that each are jointly and severally liable for all costs of collections, including but not limited to, reasonable attorney's fees, and court costs. In the event the policy(s) is not enclosed, I certify that the policy(s) has been lost or destroyed.

1) Beneficiary Signature _____
Relationship to Deceased _____ Beneficiary's SS# _____
Date of Birth _____ (must be 18) Telephone # _____
Address _____
City/State/Zip _____
2) Beneficiary Signature _____
Relationship to Deceased _____ Beneficiary's SS# _____
Date of Birth _____ (must be 18) Telephone # _____
Address _____
City/State/Zip _____
3) Beneficiary Signature _____
Relationship to Deceased _____ Beneficiary's SS# _____
Date of Birth _____ (must be 18) Telephone # _____
Address _____
City/State/Zip _____

The foregoing Assignment was executed by _____,
who are () personally known to me or () who have produced identification.

NOTARY PUBLIC SIGNATURE _____ DATE _____