

## Irrevocable Assignment and Power of Attorney

Insured/Deceased Name: \_\_\_\_\_ DOD: \_\_\_\_\_ Assignment Amount: \$ \_\_\_\_\_  
Funeral Home/Cemetery: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number(s): \_\_\_\_\_

FOR VALUE RECEIVED, the undersigned, irrevocably assigns the above assignment amount to the below Funeral Home/Cemetery in consideration for the Funeral Home/Cemetery providing services in the burial of the above deceased, which have been accepted by us and/or advance payment of proceeds of the above mentioned policy(ies) by Express Funeral Funding, LLC ("EFF"). Beneficiary(s) hereby irrevocably authorize said insurance company to pay EFF the sum specified above, plus statutory interest and unearned premiums. Beneficiary hereby authorizes said Insurance Company and/or the Employer to release any, and all, information to EFF that it may need regarding the said policy(ies). Beneficiary(s) hereby appoint Express Funeral Funding, LLC and designees as their attorney-in-fact to act for me (us) with full power of substitution to make collection of, compromise settle, and receipt of proceeds of said policy(s) or certificate(s), including but not limited to, giving Express Funeral Funding, LLC and designees the right to endorse checks, obtain certified death certificates, execute all necessary paperwork, including but not limited to claimant statement forms in my/our name. THIS POWER OF ATTORNEY SHALL BE IRREVOCABLE AND COUPLED WITH AN INTEREST. I/we authorize EFF to act on my/our behalf with regard to signing IRS form W-9 or an acceptable substitute, in my/our name. I/we are not subject to outstanding child support liens and are not subject to backup withholdings by the IRS. Beneficiary(s) represent that all information provided to EFF and the Funeral Home/Cemetery in connection with this assignment is true and accurate under penalty of perjury. In the event the policy(s) are not enclosed, I/we certify the policy(s) has been lost or destroyed. Beneficiary(s) agree to reimburse EFF the assigned amount within 90 days from the date below if the assignment is not paid in full to EFF. In the event EFF hires counsel to collect unpaid balance, Beneficiary(s) agree that I/we am liable for all costs of collection, including but not limited to, reasonable attorney's fees, accrued interest from the date below at 18% or the maximum allowed, and court costs. This Assignment and Power of Attorney are governed by the laws of the State of Indiana and Beneficiary(s) agree that Clark County, Indiana, shall be the exclusive jurisdiction for legal proceedings. IN WITNESS WHEREOF, WE HAVE HERE UNTO SET OUR HANDS AND SEALS AS OF THIS DATE LISTED BELOW.

### Beneficiary 1

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_

### Beneficiary 2

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_

### Beneficiary 3

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_

### Beneficiary 4

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_

The foregoing Assignment was executed by the beneficiary(ies) named above, who is/are personally known to me or who has/have produced identification.

## Irrevocable Reassignment and Power of Attorney

Express Funeral Funding, LLC | Mail all checks and correspondence to: P.O. Box 3309 Clarksville, IN 47131

The undersigned authorized Funeral Home/Cemetery representative hereby irrevocably reassigns to Express Funeral Funding, LLC ("EFF"), its successors and assigns, all of its interest in the above mentioned policy to EFF and hereby direct the payment of all such amounts to be made directly to EFF. The Funeral Home/Cemetery appoints EFF and its designees as its attorney-in-fact, with full power of substitution, to act on its behalf with regard to the collection, settlement, and receipt of all proceeds due under the policy(s) including, but not limited to, giving EFF or its assigns the right to endorse checks and sign claimant statement forms. All payments made to the Funeral Home/Cemetery are without recourse, except in EFF's sole discretion determines fraud, negligence, misappropriation, misrepresentation, or wrongdoing. The Funeral Home/Cemetery hereby directs said insurance company to direct payment to EFF. In the event that payments of proceeds are made by the insurance company, or its agent, to me then I agree to immediately pay the proceeds to EFF within 10 days from receipt. Furthermore, the Funeral Home/Cemetery agrees upon request to help EFF obtain any necessary documents, information, or materials needed to process the life insurance claim. This reassignment is governed by the laws of the State of Indiana. In the event that EFF has to enforce any terms of this agreement the Funeral Home/Cemetery agrees to pay collection costs, reasonable attorney fees and court costs. Funeral Home/Cemetery agree that Clark County Indiana will be the exclusive jurisdiction or any legal proceeding hereunder. IN WITNESS WHERE OF, WE HAVE HEREUNTO SET OUR HANDS AND SEALS AS OF THIS DATE LISTED BELOW.

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