



EXPRESS FUNERAL FUNDING

EXPRESS REQUEST

Funeral Home/Cemetery Information

Funeral Home/Cemetery: _____
 Contact Name: _____ Phone _____ Fax _____
 Contact Email(s): _____ Request Date: _____

Deceased Information

Name: _____ SSN: _____
 DOB: _____ DOD: _____ Marital Status: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Place of Death: City: _____ State: _____
 Cause of Death: Nat Acc Homicide Pend ME/Coroner
 If ME/Coroner Case, please provide:
 Name: _____ Phone _____
 Do you have the final death certificate? Yes No
 Approx. date the final death certificate will be forwarded to EFF: _____
Other funeral home/cemetery taking assignment and amount on this claim:
 FH/Cemetery Name: _____ Amount: \$ _____

Funding Information

*Total Assignment field is required. Other fields in this box are optional depending on your organization.

Funeral Amount: \$ _____
 Funeral Contract # _____
 Cemetery Amount: \$ _____
 Cemetery Contract: # _____



An option for families to request any amount of the life insurance proceeds beyond the funeral expenses, for medical bills, travel expenses or any other immediate needs they may have.

AA ADVANCEMENT ADVANTAGE Amount: \$ _____
 Preneed Purchase: \$ _____
 Total Assignment: \$ _____
(Total Amount Requested)

Policy Information

1. Insurance Company	Policy Number	Face Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary / Relationship	Beneficiary Address / DOB / SSN	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Insurance Company	Policy Number	Face Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary / Relationship	Beneficiary Address / DOB / SSN	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Group Policy Information

Active Retired Deceased was the: Employer Contact Phone Number
 Employee Dependent

T. 812.949.9011 F. 812.949.9012 E. Contact@expff.com W. www.expressfuneralfunding.com M. P.O. Box 3309 Clarksville, IN 47131



For the **FASTEST. EASIEST.** claim submission & to submit claims anywhere, anytime on any device, sign up for our Express Hub 2.0 at www.EFFHUB.com.



IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

FOR VALUE RECEIVED, I (WE), THE UNDERSIGNED BENEFICIARY(IES) UNDER THE INSURANCE POLICY(IES), OR DEATH BENEFIT CERTIFICATE NUMBER, OR BEING THE PERSON ENTITLED TO THE BENEFITS THERE UNDER ON POLICY NUMBER(S):

AND ANY OTHER POLICY ISSUED BY (NAME OF INSURANCE COMPANY) ON THE LIFE OF

(NAME OF DECEASED INSURED) DO HEREBY IRREVOCABLY ASSIGN, SET OVER AND TRANSFER UNTO

(NAME OF FUNERAL HOME / CEMETERY), ITS/HIS SUCCESSORS AND ASSIGNS, THE SUM OF

(WRITE IN AMOUNT BEING ASSIGNED) (\$ (DOLLARS))

PLUS PREMIUM REFUNDS, AND STATUTORY INTEREST FROM THE INSURED'S DATE OF DEATH WHICH ARE TO BE PAID FROM THE BENEFITS OF THE ABOVE-MENTIONED POLICY(IES) OR CERTIFICATE, THE CONSIDERATION FOR THE ASSIGNMENT OF THIS AMOUNT BEING (1) FUNERAL AND / OR CEMETERY GOODS AND SERVICES PROVIDED FOR THE DECEASED BY THE FUNERAL HOME AND / OR CEMETERY, WHICH SERVICES HAVE BEEN ACCEPTED BY US AND / OR (2) ADVANCE PAYMENT OF PROCEEDS OF THE ABOVE-MENTIONED POLICY(IES). I (WE) HEREBY AUTHORIZE AND DIRECT THE ABOVE-NAMED INSURANCE COMPANY TO PAY \$ TO EXPRESS FUNERAL FUNDING, LLC AT 1503 LYNCH LANE, CLARKSVILLE, INDIANA 47131. IN THE EVENT THAT ANY PAYMENTS OF THE SAID PROCEEDS ARE ERRONEOUSLY PAID TO ME (US) BY THE ABOVE-NAMED INSURANCE COMPANY, SUBSEQUENT TO THE EXECUTION OF THIS ASSIGNMENT TO THE FUNERAL HOME AND / OR CEMETERY NAMED ABOVE OR THE REASSIGNMENT BY THE FUNERAL HOME AND / OR CEMETERY TO EXPRESS FUNERAL FUNDING, LLC, THEN I (WE) AGREE TO IMMEDIATELY REMIT SAID FUNDS TO EXPRESS FUNERAL FUNDING, LLC. I (WE) APPOINT EXPRESS FUNERAL FUNDING, LLC AS OUR ATTORNEY-IN-FACT TO ACT FOR ME (US) WITH FULL POWER TO MAKE COLLECTION OF, COMPROMISE SETTLE AND TO ENDORSE OR RECEIPT IN MY (OUR) NAMES, OR OTHERWISE, ANY CHECK, DRAFT, RECEIPT OR RELEASE FOR THE PROCEEDS OF SAID POLICY(IES) OF INSURANCE OR CERTIFICATE AND TO PROCESS ALL NECESSARY FORMS, EXECUTE PROOFS OF LOSS OR PROOFS OF CLAIM AND TO EXECUTE ALL NECESSARY PAPERWORK TO OBTAIN SAID INSURANCE PROCEEDS, AS FULLY TO ALL INTENTS AND PURPOSES AS WE OURSELVES COULD DO, HEREBY RATIFYING AND CONFIRMING ALL THAT OUR SAID ATTORNEY MAY DO OR CAUSE TO BE DONE BY VIRTUE HEREOF. THIS POWER OF ATTORNEY SHALL BE IRREVOCABLE AND COUPLED WITH AN INTEREST. I (WE) ALSO AUTHORIZE AND DIRECT THE ABOVE NAMED INSURANCE COMPANY, AND / OR THE EMPLOYER OF THE ABOVE-NAMED DECEASED INSURED, AND / OR ANY ORGANIZATION, AGENCY, ENTITY, OR PERSON, ACTING AS CARETAKER OF THE INFORMATION ABOUT THE POLICY(IES), BENEFICIAR(IES) OF THE POLICY(IES), AND ANY CLAIM(S) ON THE POLICY, TO GIVE AND RELEASE TO EXPRESS FUNERAL FUNDING, LLC ANY AND ALL INFORMATION IT REQUESTS REGARDING THE POLICY(IES), BENEFICIARY(IES) AND CLAIM(S) ON THE POLICY. THE UNDERSIGNED HEREBY GRANTS EXPRESS FUNERAL FUNDING, LLC PERMISSION TO OBTAIN FROM THE AFORESAID PARTY(IES) ALL PRIVACY ACT AND FREEDOM OF INFORMATION ACT INFORMATION REQUESTED BY IT TO PROCESS ALL INSURANCE CLAIMS HEREUNDER, INCLUDING OBTAINING CERTIFIED COPIES OF THE DEATH CERTIFICATE FOR THE DECEASED INSURED. FOR VALUE RECEIVED, I / WE AGREE TO HOLD HARMLESS THE ABOVE-NAMED LIFE INSURANCE COMPANY AND / OR EMPLOYER FROM ANY AND ALL LIABILITY TO ME / US WITH REGARD TO ITS/ THEIR RELEASE OF INFORMATION TO EXPRESS FUNERAL FUNDING, LLC ABOUT THE ABOVE LIFE INSURANCE CONTRACT / POLICY(IES) / POLICY BENEFITS, AND BENEFICIARY DESIGNATION. EACH ASSIGNOR HEREIN DOES HEREBY ACKNOWLEDGE THAT HE / SHE DOES NOT RETAIN OR KEEP ANY CONTROL OVER THE FUNDS ASSIGNED TO THE FUNERAL HOME AND / OR CEMETERY, AND REASSIGNED TO EXPRESS FUNERAL FUNDING, LLC AND THAT THE ABOVE-SPECIFIED LIFE INSURANCE PROCEEDS ARE IRREVOCABLY ASSIGNED AND REASSIGNED TO EXPRESS FUNERAL FUNDING, LLC FOR VALUE RECEIVED, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED BY THE UNDERSIGNED BENEFICIARY(IES). IN THE EVENT THAT THE LIFE INSURANCE PROCEEDS ARE ULTIMATELY DETERMINED BY THE ABOVE-NAMED INSURANCE COMPANY TO BE LESS THAN THE AMOUNT HEREINABOVE ASSIGNED, THEN, UPON NOTICE TO HIM / HER OF THE DEFICIT IN PROCEEDS, I / WE AGREE TO FORTHWITH REIMBURSE EXPRESS FUNERAL FUNDING, LLC THE ENTIRE BALANCE DUE HEREUNDER. IF THE ASSIGNED AMOUNT IS NOT PAID IN FULL WITHIN 90 DAYS OF THIS ASSIGNMENT, THEN INTEREST SHALL BE DUE AND PAYABLE ON THE REMAINING PRINCIPAL BALANCE, CALCULATED RETROACTIVELY FROM THE DATE OF ENTERING THIS NOTE AT THE RATE OF 18% PER ANNUM, OR THE MAXIMUM RATE OF INTEREST PERMITTED BY LAW NOT EXCEEDING 18% PER ANNUM, UNTIL THE PRINCIPAL AMOUNT IS PAID IN FULL. I (WE) AGREE TO PAY ANY AND ALL EXPENSES, INCLUDING REASONABLE ATTORNEY FEES AND LEGAL EXPENSES, PAID OR INCURRED BY EXPRESS FUNERAL FUNDING, LLC IN PROTECTING AND ENFORCING ITS RIGHTS UNDER ANY PROVISION OF THIS IRREVOCABLE ASSIGNMENT. I / WE AGREE THAT CLARKSVILLE, INDIANA, SHALL BE THE EXCLUSIVE JURISDICTION AND VENUE FOR LEGAL PROCEEDING HEREUNDER. EACH ASSIGNOR DOES HEREBY ACKNOWLEDGE THAT HE/SHE IS A U.S. CITIZEN, AT LEAST EIGHTEEN (18) YEARS OF AGE, IS NOT SUBJECT TO OUTSTANDING CHILD SUPPORT LIENS, AND IS NOT SUBJECT TO BACKUP WITHHOLDING BY THE IRS. I (WE) AUTHORIZE EXPRESS FUNERAL FUNDING, LLC TO ACT ON MY BEHALF WITH REGARD TO SIGNING IRS FORM W-9, OR AN ACCEPTABLE SUBSTITUTE, IN MY NAME. I (WE) AUTHORIZE EXPRESS FUNERAL FUNDING, LLC AS MY POWER OF ATTORNEY TO COMPLETE, SIGN, AND ENDORSE ANY AND ALL CLAIM FORMS/CLAIMANT STATEMENTS REQUIRED TO COMPLETE ANY AND ALL CLAIM(S) ON THE ABOVE POLICY(IES) AND CLAIM(S) FOR THE ABOVE INSURANCE COMPANY INCLUDING FOR THE FULL PROCEEDS OF SAID POLICY(IES) AND CLAIM(S).

Table with 6 columns: Beneficiary (1) Signature, Relationship, Date, Beneficiary (2) Signature, Relationship, Date. Beneficiary (3) Signature, Relationship, Date, Beneficiary (4) Signature, Relationship, Date.

THE FOREGOING IRREVOCABLE ASSIGNMENT WAS EXECUTED BY (PRINT NAME OF BENEFICIARY (1) / PRINT NAME OF BENEFICIARY (2)) WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED IDENTIFICATION. (PRINT NAME OF BENEFICIARY (3) / PRINT NAME OF BENEFICIARY (4))

NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES NOTARY STAMP OR SEAL

IRREVOCABLE REASSIGNMENT TO EXPRESS FUNERAL FUNDING, LLC

THE UNDERSIGNED OPERATES A FUNERAL HOME AND / OR CEMETERY AND IS ENTITLED TO RECEIVE THE BENEFITS OF POLICY(IES) ISSUED OR REINSURED BY (INSURANCE COMPANY) ON THE LIFE OF (DECEDENT) AS A RESULT OF AN ASSIGNMENT OF LIFE INSURANCE PROCEEDS (ASSIGNMENT) BY THE BENEFICIARY(IES) OF THE FOLLOWING POLICY NUMBER(S):

IN THE AMOUNT OF \$ (ASSIGNED AMOUNT) FOR PURPOSES OF PROVIDING GOODS AND SERVICES IN CONJUNCTION WITH THE DECEDENT'S FUNERAL AND / OR BURIAL FOR VALUE RECEIVED, THE UNDERSIGNED DO HEREBY IRREVOCABLY ASSIGN, TRANSFER, CONVEY AND SET OVER UNTO EXPRESS FUNERAL FUNDING, LLC, ITS SUCCESSORS AND ASSIGNS, ALL OF OUR RIGHTS, TITLE, INTEREST AND CLAIM TO THE ABOVE POLICY(IES), AND APPOINT EXPRESS FUNERAL FUNDING, LLC, AS OUR ATTORNEY-IN-FACT, HEREBY RATIFYING AND CONFIRMING ALL THAT OUR SAID ATTORNEY MAY DO OR CAUSE TO BE DONE BY VIRTUE HEREOF. THIS POWER OF ATTORNEY SHALL BE IRREVOCABLE, AND COUPLED WITH AN INTEREST. I ALSO DIRECT THAT PAYMENT BE MADE DIRECTLY AND SOLELY TO EXPRESS FUNERAL FUNDING, LLC. IN THE EVENT THAT ANY PAYMENTS OF PROCEEDS ARE MADE BY THE INSURANCE COMPANY, OR ITS AGENT, TO ME, ERRONEOUSLY, SUBSEQUENT TO THE EXECUTION OF THIS REASSIGNMENT TO EXPRESS FUNERAL FUNDING, LLC, THEN I AGREE TO IMMEDIATELY PAY THE PROCEEDS TO EXPRESS FUNERAL FUNDING, LLC. FAILURE TO REALIZE THE PROCEEDS ASSIGNED BY THE BENEFICIARIES IN THE FULL AMOUNT ASSIGNED FOR THE LIFE INSURANCE POLICY(IES) SHALL NOT RELIEVE THE UNDERSIGNED TO PAY THE FULL AMOUNT, OR THE UNPAID BALANCE OF THE FULL AMOUNT. IN THE EVENT OF FRAUD, NEGLIGENCE, MISAPPROPRIATION, OR WRONGDOING, THE FUNERAL HOME/CEMETERY AGREES TO PAY THE ENTIRE ASSIGNMENT AMOUNT WITH THE MAXIMUM RATE OF INTEREST PERMITTED BY LAW NOT EXCEEDING 18% PER ANNUM, UNTIL THE CONTRACT IS PAID IN FULL. THE FUNERAL HOME AND / OR CEMETERY AGREES TO PAY ANY AND ALL EXPENSES, INCLUDING REASONABLE ATTORNEY FEES AND LEGAL EXPENSES, PAID OR INCURRED BY EXPRESS FUNERAL FUNDING, LLC IN PROTECTING AND ENFORCING ITS RIGHTS UNDER ANY PROVISION OF THIS IRREVOCABLE REASSIGNMENT. ON BEHALF OF MYSELF / OURSELVES AND THE FUNERAL HOME AND / OR CEMETERY, I / WE AGREE THAT CLARKSVILLE, INDIANA, SHALL BE THE EXCLUSIVE JURISDICTION AND VENUE FOR LEGAL PROCEEDING HEREUNDER. IN THE EVENT ANY PROVISIONS OF THIS IRREVOCABLE ASSIGNMENT SHALL BE FOUND NULL, VOID, UNLAWFUL OR OTHERWISE UNENFORCEABLE, THEN THAT PROVISION SHALL BE DEEMED TO BE SEVERED FROM THIS IRREVOCABLE ASSIGNMENT AND THE REMAINDER SHALL BE ENFORCEABLE.

FUNERAL HOME / CEMETERY BY AUTHORIZED SIGNATORY OF FUNERAL HOME / CEMETERY Date

THE FOREGOING IRREVOCABLE REASSIGNMENT WAS EXECUTED BY WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED IDENTIFICATION. PRINT NAME OF AUTHORIZED SIGNATURE

NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES NOTARY STAMP OR SEAL

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