

**Affinity Financial Associates, Inc.
(dba) Affinity Funeral Funding**

PO Box 820638, Pembroke Pines, FL 33082
Phone: (786) 232-1421 Fax: (954) 392-5840
Email: affinityfuneralfunding@yahoo.com

IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

INSURED/DECEDENT _____

DATE OF DEATH _____ ASSIGNMENT AMOUNT \$ _____

INSURANCE POLICY NUMBER(S) _____

INSURANCE COMPANY _____

FUNERAL HOME / CEMETARY _____

I, the undersigned beneficiary and/or claimant legally entitled to the benefits from said insurance policy(s) or Employer/Union death benefit, do hereby Irrevocably Assign, set over and transfer unto the above-mentioned Funeral Home and/or Cemetery its successors and assigns the above Assignment Amount which are to be paid from the benefits of said policy(s) or death benefits. The consideration for the assignment of this amount for funeral and/or burial services and goods rendered by the Funeral Home and/or Cemetery which have been accepted by me and any advance payments made to me. I hereby authorized and direct said Insurance Company to pay **Affinity Financial Associates (dba Affinity Funeral Funding)**, the above Assignment Amount plus statutory interest from the insured's date of date, making the check for the reassigned proceeds payable solely to **Affinity Funeral Funding**, and not jointly to me. In the event that any payments of the said proceeds are erroneously paid to me by the above-name insurance company, subsequent to the execution of this assignment to the Funeral Home and/or Cemetery name above or the reassignment by the Funeral Home and/or Cemetery to **Affinity Funeral Funding**, then I/we agree to immediately remit said funds to **Affinity Funeral Funding**. I hereby guarantee the validity and sufficiency of the foregoing Irrevocable Assignment to the Funeral Home and/or Cemetery and **Affinity Funeral Funding**. **The beneficiary hereby Irrevocably authorizes said Insurance Company and/or Employer to RELEASE ALL INFORMATION REQUIRED REGARDING SAID POLICY(S) to Affinity Funeral Funding, Funeral Home and/or Cemetery. I the beneficiary hereby appoints and assigns Affinity Funeral Funding to act as my Attorney-in-fact, WITH FULL POWER OF SUBSTITUTION to act on my behalf with regard to the verification of, collection of, settlement of, and receipt of proceeds of said policy(s) or certificate(s), and to process all necessary forms, execute proof of loss, proof of claim, obtain decedent's death certificate, and**

to execute all necessary paperwork to obtain said insurance proceeds. If this assignment is not honored in full, or it is determined to be invalid in whole or in part within ninety (90) days from this date, the undersigned agrees to pay to **Affinity Funeral Funding** the full or deficit in proceeds of this assignment, plus interest of 1.5% per month from the execution date. I shall remain indebted and liable and agree to pay all costs and legal expenses in connection with the pursuit and collection of this debt to the Funeral Home and/or Cemetery and/or its successors and assigns until payment of the sum specified herein is fully paid. **I authorize Affinity Funeral Funding 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) for the above Insurance Company including for the full proceeds of said policy(s) and claim(s).**

1st Beneficiary's Name	1st Beneficiary's Address	Phone Number
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1st Beneficiary's Signature	Relation to Deceased	Date of Birth	Social Security Number
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2nd Beneficiary's Name	2nd Beneficiary's Address	Phone Number
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2nd Beneficiary's Signature	Relation to Deceased	Date of Birth	Social Security Number
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The foregoing ASSIGNMENT was executed by the beneficiary(ies) named above, who is/are personally known to me or who has/have produced identification

Notary Public Signature

Date

Notary Stamp/Seal

IRREVOCABLE REASSIGNMENT AND POWER OF ATTORNEY

Payment to be made to: Affinity Funeral Funding, PO Box 820638, Pembroke Pines, FL 33082

ON BEHALF OF the Funeral Home and/or Cemetery for value received, the undersigned Funeral Director and Owner does hereby irrevocable sell, re-assign, transfer, convey, and set over unto: **Affinity Financial Associates (dba Affinity Funeral Funding) its successors and assigns**, all rights, title, and interest to the foregoing assignment and the insurance proceeds therein referred to and does hereby direct that **PAYMENT BE MADE TO: Affinity Funeral Funding, PO Box 820638, Pembroke Pines, FL 33082.** The Funeral Home/Funeral Director/Owner appoints and assigns **Affinity Funeral Funding** as Attorneys-In-Fact WITH FULL POWER OF SUBSTITUTION to act for the Funeral Home/Funeral Director/Owner in the collection, settlement, and receipt of the proceeds due from the above describe policy(s) or certificate(s) with authority to endorse checks as fully as if the Funeral Home/Funeral Director/Owner were to endorse the same. If this assignment is not honored in full, or it is determined to be invalid in whole or in part within ninety (90) days from the date of execution, the undersigned agrees to pay to **Affinity Funeral Funding** the full amount of this assignment, plus 1.5% monthly interest, and all costs of collection, whether an action is brought or not. The undersigned agrees that the exclusive jurisdiction for legal proceedings hereunder is Broward County, Florida. The Funeral Home/Funeral Director/Owner shall remain indebted and liable and agree to pay all collection and legal expenses in connection with the pursuit and collection of this debt to Affinity Funeral Funding until payment of the sum specified in the foregoing assignment is fully paid.

PRINT: Name of Funeral Home/Cemetery Authorized Representative

SIGNATURE: Funeral Home/Cemetery Authorized Representative

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/Seal