



PREFERRED FUNERAL FUNDING

PO BOX 138 | BRONX, NY – 10471
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[Claims@PFFinc.Net]

IRREVOCABLE ASSIGNMENT

OF CLAIM PROCEEDS, POWER OF ATTORNEY & REQUEST FOR VERIFICATION STATEMENT

INSURED/DECEDENT _____ DATE OF DEATH _____

INSURANCE ISSUER /BENEFIT PROVIDER _____

If checked, undersigned attests original contract policy(ies) is/are lost.

POLICY(IES)/CONTRACT _____

I/WE the undersigned beneficiary(ies)/claimant(s) legally entitled to the claim/benefit proceeds from the above referenced insurance, employer/union death benefit contract/plan, annuities, assets, etc., do hereby irrevocably assign, set over, and transfer the sum of (\$ _____) to PREFERRED FUNERAL FUNDING (HEREIN PFF), PO BOX 138, BRONX, NY 10471, for the advanced payment of funeral expenses of the above decedent, and/or for additional monies advanced to me/us for my/our personal benefit. I/we hereby irrevocably instruct, fully authorize and unambiguously direct the above insurer, benefit-payer, administrator, (HEREIN ISSUER) et al to pay to PFF the above dollar amount under the aforementioned policy(ies)/contract(s), *plus any and all post-mortem interest, respective to state law, accruing from the date of death through the date of claim settlement. This shall constitute a release for said benefit proceeds due to me/us under said policy(ies)/contract(s) as the beneficiary(ies)/claimant(s). If the above is rescinded or canceled, the issuer is fully authorized and directed to pay any and all value to PFF, including all premium refunds and all non-forfeiture value. If this assignment is not honored in full or determined invalid in whole or in part within twenty-one days from the date of its execution, the undersigned agrees to refund to PFF the full amount of this assignment plus interest of four and one half percent per month from the date invalidity is determined. PFF is entitled to collect any and all costs incurred for enforcing this assignment; the exclusive legal venue for so doing shall be determined by assignee. The undersigned declares that no beneficiary(ies) and/or claimant(s) is/are under the age of eighteen (18) years. I/we acknowledge that I/we have not paid a fee to make this assignment. Any associated funeral bills remain unpaid and unsatisfied until this assignment is honored; to this end, final certified transcripts of death may remain in the possession of PFF through satisfaction. I/we have furnished a copy of my/our current state-issued identification to PFF and proof of Social Security number. We acknowledge receiving printed explanation of the service that PFF provides; we have also provided specific funding instructions to PFF. If PFF over-collects resulting from estimated assignment notice, PFF agrees to refund excess to beneficiary(ies) and/or claimant(s) minus any applicable indebtedness. This Assignment and POA is complete in all matters and is irrevocable under any and all circumstances by beneficiary/claimant. Additional per-case terms may apply. This assignment voids any other assignment(s) to any other assignee(s) making claim to the above benefit(s); alternatively, this assignment shall supersede and have full supremacy over any other assignment(s) irrespective of date. In the absence of issued policy, my/our signature(s) shall serve as agreement to hold harmless issuer of above policy from any matter arising from policy absence. I/we hereby appoint PFF, or its designees, as my/our ATTORNEY-IN-FACT for me/us with full POWER OF ATTORNEY, to represent me/us in name and interest; to act in my/our stead to file all claims; to sign any and all documents; to sue and collect all proceeds of the above policy(ies); to give full receipt and release for the same; to endorse in my/our name, to cash, all checks, drafts, and vouchers that PFF determines to accept in honor of this assignment; to receive duplicate copies of any & all written correspondence about this claim from issuer, etc. Explicit instruction is hereby made to any such issuer, insurance/benefit provider, or record-keeper, with full indemnification from any liability for so doing, to release, to disclose to provide any and all particular benefit data, status, values, beneficiary designations, etc., and to furnish a priori any/all requisite claim paperwork to PFF, in order to evaluate, to prepare, and to make same. Full consent and release is made concerning any/all so-called Privacy Laws, HIPPA regulations, & FREEDOM OF INFORMATION requirements. I/we request immediate delivery of coverage verification statement disclosing status, values, designation, & requirements to PFF.

I/we set my/our signature/s this _____ day of _____, 20_____.

X SIGNATURE OF BENEFICIARY/CLAIMANT NAME PRINTED RELATION TO INSURED DATE OF BIRTH OF BENEFICIARY TELEPHONE No. ADDRESS OF BENEFICIARY CITY, STATE ZIP CODE SOCIAL SECURITY No. OF BENEFICIARY

X SIGNATURE OF 2ND BENEFICIARY/CLAIMANT NAME PRINTED RELATION TO INSURED DATE OF BIRTH OF BENEFICIARY 2 TELEPHONE No. ADDRESS OF 2ND BENEFICIARY CITY, STATE ZIP CODE SOCIAL SECURITY No. OF 2ND BENEFICIARY

State of () County of () SS

Before me came _____ and _____ this _____ day of _____ 20_____ who executed this contract proving to me that they executed the same.

Notary Public

