



FIRST CHOICE FUNERAL FUNDING

IRREVOCABLE ASSIGNMENT & POWER OF ATTORNEY

DECEASED'S NAME: SS#:

DATE OF BIRTH: DATE OF DEATH:

CAUSE OF DEATH: natural homicide suicide accident unknown (explain):

PLACE OF DEATH:

TYPE OF INSURANCE:

INSURANCE COMPANY:

AMOUNT ASSIGNED: \$

FUNERAL HOME:

The Irrevocable Assignment is made between Beneficiary below and the Funeral Home/Cemetery below. In consideration for the Funeral Home/Cemetery providing services in the burial of the above Insured, said services having requested and accepted by Beneficiary and/or additional funds have been advanced and paid to the Funeral Home/Cemetery and/or the Beneficiary by First Choice Funeral Funding ("FCFF"). The undersigned irrevocably assigns to the Funeral Home/Cemetery, the above Assignment Amount, plus statutory interest from deceased's date of the death until claim paid plus any unearned premiums. Beneficiary hereby guarantees validity and sufficiency of the foregoing irrevocable assignment to the Funeral Home/Cemetery and First Choice Funeral Funding, and Beneficiary further guarantees to warrant title to the policy(s) and defend First Choice Funeral Funding 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 FCFF. Beneficiary hereby irrevocably authorizes said Insurance Company to give Funeral Home/Cemetery or FCFF any information that it may require regarding said policy(s) under Freedom of Information Act, 5 U.S.C. § 552. Beneficiary hereby appoints First Choice Funeral Funding 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 First Choice Funeral Funding the right to endorse checks and claimant statement forms in my name. I authorize FCFF to act on my behalf with regard to signing IRS Form W-9 (or an acceptable substitute) in my name. Any payment made by FCFF to the funeral home pursuant to this Assignment agreement is without recourse, except where the assignment or funding was procured by fraud on the part of the funeral home. If for any reason it becomes necessary for FCFF to proceed against me, I understand that I am liable for all it's costs of collection, including but not limited to, reasonable attorney fees and court costs. I agree that the exclusive jurisdiction for the legal proceedings hereunder is DeKalb County, Georgia.. **In the event that the policy(s) is not enclosed, I certify that it has been lost or destroyed.**

NEXT ➔



FIRST CHOICE FUNERAL FUNDING

IRREVOCABLE ASSIGNMENT & POWER OF ATTORNEY

1ST BENEFICIARY

NAME: SS#:

DATE OF BIRTH: PHONE NUMBER:

RELATION: parent spouse/partner child grandparent sibling
 other (explain):

HOME ADDRESS:

SIGNATURE & DATE:

2ND BENEFICIARY

NAME: SS#:

DATE OF BIRTH: PHONE NUMBER:

RELATION: parent spouse/partner child grandparent sibling
 other (explain):

HOME ADDRESS:

SIGNATURE & DATE:

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

NOTARY PUBLIC SIGNATURE & DATE

NEXT ➔



FIRST CHOICE FUNERAL FUNDING

IRREVOCABLE RE-ASSIGNMENT & POWER OF ATTORNEY

The undersigned representative and funeral home or cemetery (collectively "The Funeral Home") irrevocably reassigns to **First Choice Funeral Funding ("FCFF") 4062 Peachtree Rd NE, Suite A626, Atlanta, GA 30319** or assigns, all of its interest in the above Assignment and further appoints FCFF to act as its Attorney-in-fact with regard to the collection of settlement of, and receipt of the proceeds as said policy(s) or certificate(s) noted above, including but not limited to, the right to endorse checks under Freedom of Information Act, 5 U.S.C. § 552 . Any payment made by FCFF to the Funeral Home pursuant to this Assignment agreement is without recourse, except where the assignment or funding was procured by fraud on the part of the Funeral Home. The Funeral Home hereby authorizes the above Insurance Company to issue a check(s) directly to FCFF. In the event that any payments of proceeds are made by the insurance Company, its agent or the beneficiary(ies) to the Funeral Home, the Funeral Home agrees to hold the proceeds in trust and to immediately pay the proceeds to FCFF within 10 days, without necessity of any request to so pay the funds. The Funeral Home further agrees that upon request by either FCFF or the insurance Company it will promptly provide all documents, material or information identified and needed to process a claim on the decedent's policy. Funeral home shall be liable to FCFF for any attorney's fees and costs FCFF incurs in having to enforce any of the terms of this assignment. The undersigned agrees that the exclusive jurisdiction and venue for legal proceedings hereunder is in DeKalb County, Georgia.

NAME OF FUNERAL HOME/CEMETERY

**SIGNATURE OF FUNERAL HOME/CEMETERY
AUTHORIZED REPRESENTATIVE**

The foregoing reassignment was executed by _____ who is

NAME OF REPRESENTATIVE

personally known to me or who has produced identification.

NOTARY PUBLIC SIGNATURE & DATE



FIRST CHOICE FUNERAL FUNDING

PAYMENT AUTHORIZATION

I hereby authorize First Choice Funeral Funding (FCFF) to credit my account at the Financial Institution specified below, or to mail a check to the desired address.

This authority is to remain in full force and effect until FCFF receives written notification to do otherwise. If funds to which I am not entitled are deposited to my account, I authorize FCFF to direct the below named financial institute to return said funds to FCFF.

FUNERAL HOME:

MAILING ADDRESS:

PHONE:

FAX:

EMAIL ADDRESS:

CONTACT PERSON:

PREFERRED METHOD OF PAYMENT

- CHECK MAILED TO FUNERAL HOME ADDRESS LISTED ABOVE
- ACH TRANSACTION free of charge, takes one business day to show in account
- WIRE TRANSFER bank charges a \$25 fee, goes into account same day

BANK NAME:

ADDRESS:

ACCOUNT NUMBER:

ROUTING NUMBER:

Please **include a voided check** and confirm with your bank that the routing number is correct. The numbers can vary between ACH routing numbers and Wire routing numbers.



FIRST CHOICE FUNERAL FUNDING

DISBURSEMENT VERIFICATION

DATE

FUNERAL HOME:

DECEASED'S NAME:

AMOUNT ASSIGNED:

LESS 2.75% FEE:

AMOUNT DISBURSED:

FCFF SIGNATURE:

OPTUS SIGNATURE:



FIRST CHOICE FUNERAL FUNDING

SAME NAME AFFIDAVIT

I _____, do state that _____ and
CURRENT NAME FORMER NAME

_____ are one and the same person.
CURRENT NAME

My name changed to _____ on _____.
CURRENT NAME DATE

I am listed as beneficiary on the following policy(ies) number(s)

POLICY(IES) NUMBER(S)

issued to _____
NAME OF THE DECEASED

BENEFICIARY SIGNATURE & DATE

WITNESS