

IRREVOCABLE RE-ASSIGNMENT TO: ABM FUNDING, INC.

For value received, the undersigned does hereby irrevocably assign, transfer, convey and set over unto ABM FUNDING, INC., P.O. Box 5466, Martinsville, VA 24115, its successors and assigns, all of its rights, interest, title, and claim in and to the assignment attached hereto and the underlying insurance policies as set forth in that assignment, and hereby irrevocably appoints ABM FUNDING, INC., and its successors and assigns, as the undersigned's attorney-in-fact to act for it with full power to make collection of, compromise, settle and receive the proceeds of said policies or certificates of insurance assigned thereby and the authority to endorse checks as fully as it could do if issued in its own name, with full power of substitution, and hereby ratifies, confirms and approves all that our said attorney-in-fact may do by virtue hereof. This power of attorney shall be irrevocable, and coupled with an interest. The undersigned also directs that payment of the policies pursuant to the assignment be made directly and solely to ABM FUNDING, INC. In the event that any payments of proceeds are made by the insurance companies, or their agent, to the undersigned, erroneously, subsequent to the execution of this re-assignment to ABM FUNDING, INC., the undersigned agrees to hold the proceeds in trust for the benefit of, and to immediately pay the proceeds to, ABM FUNDING, INC. as herein provided. In the event ABM FUNDING, INC. does not receive the full proceeds from the below insurance policy or certificates, Funeral Home and its Director assume responsibility for full payment, plus 1.5% monthly interest, and all costs of collection, whether an action be brought or not. On behalf of the undersigned, it is agreed that Martinsville, Virginia, shall be the irrevocable exclusive jurisdiction and venue for legal proceedings arising hereunder, and this re-assignment will be interpreted under Virginia law. The assignee(s) will be entitled to collect their costs (including reasonable attorneys' fees) in enforcing this re-assignment. The undersigned funeral home director represents that he/she is authorized to act on behalf of the funeral home. The undersigned funeral home hereby guarantees to ABM Funding, Inc., full payment, with interest, of all amounts provided to funeral home by ABM Funding, Inc., in connection with the assignment and reassignment. If for any reason, or no reason, any insurance company or parties responsible for the funeral goods and services do not pay funeral home, funeral home guarantees to pay, and shall pay, in full to ABM Funding, Inc., all amounts due ABM Funding, Inc., with interest. Funeral home shall also be responsible for any reasonable attorney's fees and litigation cost in the event of any litigation or collection action. The undersigned agrees that it shall indemnify ABM Funding, Inc., and hold ABM Funding, Inc., harmless from any claims made against ABM Funding, Inc., or losses sustained or suffered by ABM Funding, Inc., arising from the assignment or reassignment including any and all claims or costs relating to any interpleader filed or made against funeral home and/or ABM Funding, Inc. ABM Funding, Inc., may, at its discretion, pursue any such indemnity rights in the City of Martinsville Circuit Court, Martinsville, Virginia.

PRINT NAME

X _____

FUNERAL HOME

AUTHORIZED FUNERAL HOME DIRECTOR SIGNATURE

I, the undersigned Notary Public in and for said county in said state, do hereby certify that the foregoing executed this re-assignment on this the _____ day of _____, 20____.

X _____ (Notary Public)

State of _____

County of _____

Registration No. _____

My commission expires _____

Notary stamp or seal:



IMMEDIATE APPROVAL FORM

DECEASED INFORMATION

Deceased Name: (As It Appears on Policy) _____ SS #: _____

Date of Birth: _____ Date of Death: _____

Cause of Death: Natural ___ Homicide ___ Accident ___ Other ___ Pending Death Certificate: Yes ___ No ___ Unsure ___

If death occurred before turning the age of 60, please state cause of death: _____

Policy Available? _____ Policy Lost? _____ (if lost, please complete Lost Policy Affidavit)

POLICY INFORMATION

Insurance Co. _____ Policy #1: _____

(Please list only one insurance company per re-assignment)

Policy # 2: _____

Policy # 3: _____

Policy #4: _____

NOTE: If you have verified this claim, please furnish the phone numbers you called for each insurance company and your contact, if there is one.

TOTAL AMOUNT OF ASSIGNMENT: \$

NOTE: Upon receipt of the above information, we will begin our approval process. As soon as approved, you will be notified.
NO PAYMENT WILL BE ISSUED UNTIL FULL DOCUMENTATION IS RECEIVED.