

ABM | FUNDING, INC.

755 East Church Street, Martinsville, VA 24112

Phone – (276) 656-2499 Fax – (276) 632-1408

Funding Request

Funeral Home Name: _____

Deceased Name: _____

SSN: _____ Date of Birth: _____ Date of Death: _____

Cause of Death: Natural _____ Homicide _____ Accident _____ Other _____

Insurance Company: _____

Policy # _____ Policy # _____ Policy # _____

Have you contacted the Insurance Company? Yes _____ No _____

If so, what was the name of the person you contacted: _____

Assignment Amount: \$ _____

Beneficiary/Beneficiaries Names:

Beneficiary Name

Relationship to Deceased

_____	_____
_____	_____
_____	_____

For Group Policies:

Employer: _____ Contact: _____

Phone number: _____

Actively Working _____ Retired _____ Other _____

Additional Information:
