

Date: _____

IRREVOCABLE ASSIGNMENT & POWER OF ATTORNEY

Business (800) 423-7817 Fax (276) 632-1408
P.O. Box 5466
Martinsville, VA 24115
www.abm-funding.com

Decedent _____

SS# _____

Insurance Co. _____ **Policy Number(s)** _____

(Please list only one insurance company per assignment) **Policy Number(s)** _____

Policy Number(s) _____

Policy Number (s) _____

Total Amount Assigned:

\$ _____

(Plus Applicable Interest)

The undersigned being entitled to receive the benefits of the policies described above issued or reinsured by the insurance company/companies on the life of the decedent set forth above, having contracted with _____ (hereinafter identified as the "Funeral Home") for funeral services and supplies for the burial of the decedent including cash advances, and being indebted to the Funeral Home do hereby set over, assign and transfer unto the Funeral Home the above stated assigned amount, plus applicable interest from the date of decedent's death as provided by state law, out of the proceeds of said insurance policies. I hereby authorize and direct the insurance company to make its check or checks payable to the Funeral Home for the assigned amount and to pay the remainder of the proceeds of said policies to the undersigned (jointly and severally, if more than one). I do hereby release the above insurance companies from any other or further liability to the undersigned or the estate of the decedent (except as to policy amounts in excess of the above described assignments, if any) upon payment to the Funeral Home or its assignee or their successors or assigns. In the event the settlement amount on the policy(s) is less than the amount of the assignment specified above, the undersigned (jointly and severally, if more than one), agree to pay the deficit to the Funeral Home and/or its assignee upon request to pay. If any payments of proceeds are made to me under the provisions of the above-described policies subsequent to the execution of this assignment, then the said proceeds shall be held in trust by me/us for the benefit of the Funeral Home or its assignee. The undersigned hereby appoints the Funeral Home and its successors and assigns, as our attorney in fact, which POWER OF ATTORNEY is irrevocable and is coupled with an interest, to act for the undersigned with full power to make collection of, compromise, settle and to endorse or receipt in our names or otherwise, any check, draft, claimant's statement, receipt or release for the proceeds of said policies, as fully to all intents and purposes as I myself/we ourselves could do, hereby ratifying and confirming all that my/our said attorney-in-fact may do or cause to be done by virtue hereof. The undersigned also authorize and direct any organization, agency, official, medical services provider, entity, or person including, without limitation, the insurance companies listed above, to give and release any information regarding the policies to the Funeral Home and its successors and assigns, or anyone acting on its or their behalf. The undersigned hereby grant(s) ABM FUNDING, INC. permission to obtain from any and all of the aforesaid parties any and all information and documentation including, without limitation, a death certificate for the decedent, necessary to process, verify or prove all claims under the insurance policies. To the fullest extent permitted by law, the undersigned waive(s) all rights to privacy in such information and documentation and agree to execute, if necessary, a waiver as to the health records of the decedent under Virginia Code §32.1-127.1:03. I agree that Martinsville, Virginia, shall be the irrevocable exclusive jurisdiction and venue for legal proceedings arising hereunder. The assignees(s) will be entitled to collect their costs (including reasonable attorneys' fees) in enforcing this assignment. This assignment will be interpreted under Virginia law.

Limited Power of Attorney:

I named below do hereby grant a limited power of attorney to ABM Funding, Inc. to request any number of Certified Death Certificates for the deceased here above written from the issuing state authority. These certificates will only be used to facilitate the timely insurance settlement on the policies here above named. We also agree that any charge for such death certificate(s) may be charged back and will be deducted from the settlement amount from the insurance policies here above named. I authorize ABM Funding, Inc. to act on my behalf with regard to signing IRS Form-W9 (or an acceptable substitute) in my name.

CLAIMANT

(If multiple claimants, complete separate Irrevocable Assignment Forms)

Signature: X _____

Address: _____

Name (Print): _____

Social Security Number: _____

Date of Birth for claimant: _____

Relationship to insured: _____

Telephone: _____

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

X _____ (Notary Public)

State of _____

County of _____

Registration No. _____

My commission expires _____

Notary stamp or seal:

