



P.O. Box 25128 Tamarac, FL 33320
Phone: (954) 945-3114 Fax: (954) 233-5024

Funeral Home: _____

Funeral Director: _____ Funeral Owner: _____

Beneficiary (ies): _____

Insurance Company: _____, its successors or assigns

Policy Number(s)/ Insured's Information: _____

Insured/Deceased: _____ Date of Death: _____

Assignment Amount: _____

For value received, the above Funeral Home and its Funeral Director and Owner hereby irrevocably reassigns to Elite Funeral Funding Group, Inc., P.O. Box 25128, Tamarac, FL 33320, or assigns, the Assignment made between the Beneficiary above and the Funeral Home above. Funeral Home further appoints Elite Funeral Funding Group, Inc. to act as its Attorney-in-fact with regard to the collection of, settlement of, and receipt of the proceeds of said policy(s) or certificate(s) noted above, including, but not limited to, the right to endorse checks. In the event the Insurance Company does not render full payment on the above policy(s) to Elite Funeral Funding Group, Inc., Funeral Home and its Director assume responsibility for the unpaid balance of the above assignment amount, plus 1.5% monthly interest, and all costs of collection, whether an action be brought or not. The undersigned agrees that the exclusive jurisdiction for legal proceedings hereunder is Broward County, Florida. The above Funeral Home hereby authorizes the above Insurance Company to issue a check or checks directly to Elite Funeral Funding Group, Inc.

Authorized Signature: _____

Printed Name: _____

The foregoing was executed by the above authorized signatory for the listed funeral home who is personally known to me or who has produced identification.

Notary Signature _____ Date: _____

Notary Stamp or Seal

Only one reassignment form is necessary for each insurance company, listing one or all the beneficiaries. Please make sure all forms are signed, dated and notarized.

Please complete ALL fields

BENEFICIARY IRREVOCABLE ASSIGNMENT

Beneficiary: _____ **Insured:** _____

Insurance Company: _____ and its successors or assigns

Policy Number(s)/ Insured Information: _____

Funeral Home: _____ **Funeral Owner:** _____

Assignment Amount: _____

This Irrevocable Assignment is made between Beneficiary above and the Funeral Home and Funeral Director/ Owner above. In consideration for the Funeral Home providing services in the burial of the above Insured, said services requested and accepted by Beneficiary and/or additional funds have been advanced to Beneficiary, the undersigned irrevocably assigns to Funeral Home or its assigns, the above Assignment Amount, plus statutory interest from deceased date of death until claim paid, including unearned premiums. Beneficiary hereby guarantees the validity and sufficiency of the foregoing irrevocable assignment to the Funeral Home or its assigns, and Beneficiary further guarantees to warrant title to the policy(s) and defend Funeral Home or its assigns 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 earned/unearned premiums to the Funeral Home or its assigns. In addition, Beneficiary hereby irrevocably authorizes said Insurance Company to give Funeral Home or its assigns any information that it may require regarding said policy(s). Beneficiary hereby irrevocably appoints Funeral Home or its assigns as their Attorney-in-fact and to act on their behalf with regard to the collection of, settlement of, and receipt of the proceeds of said policy(s) or certificate(s), including, but not limited to, giving Funeral Home or its assigns the right to endorse checks and claimant statement forms. Beneficiary further acknowledges that this assignment will be reassigned to Elite Funeral Funding Group, Inc. As such, if for any reason it becomes necessary for Elite Funeral Funding Group, Inc. to proceed against the Beneficiary or the Funeral Home, it is hereby agreed that each are jointly and severally liable for all costs of collection, including, but not limited to, reasonable attorney's fees, and court costs. In the event full proceeds are not tendered to Elite Funeral Funding Group, Inc., the Beneficiary and the Funeral Home are jointly and severally liable for the unpaid balance, and each agree to permit Elite Funeral Funding Group, Inc. to bring legal proceedings in Broward County, Florida. In the event the policy(s) is not enclosed, I certify that the policy(s) has been lost or destroyed.

Beneficiary's Signature (sign as you would on a check)		Relationship to Deceased		Social Security #	
X					
Date of Birth (must be over 18)	Cell Phone	Home Phone		Work Phone	
Address		City		State	Zip
Email Address:					

The foregoing Assignment was executed by _____, who is personally known to me or who has produced identification.

BENEFICIARY'S NAME

Notary Signature: _____ Date: _____ Notary Stamp or Seal

Please make sure all forms are signed, dated and notarized. Each beneficiary must complete his/ her own assignment (Form A) and INSURANCE COMPANY beneficiary claim form/ claimant's statement (if required).