IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

Insured/Deceased_____ **Beneficiary**_____

Insurance Company _____ **and its successors or assigns**

Policy Number(s) _____

Funeral Home/Cemetery _____ **Assigned Amount $** _____

This Irrevocable Assignment is made between Beneficiary above and the Funeral Home/Cemetery above. 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 to Beneficiary, the undersigned irrevocably assigns to Funeral Home/Cemetery or its assigns, the above Assignment Amount, **plus statutory interest from deceased's date of death until claim paid and plus unearned premiums**. Beneficiary hereby guarantees the validity and sufficiency of the foregoing irrevocable assignment to the Funeral Home/Cemetery or its assigns, and Beneficiary further guarantees to warrant title to the policy(s) and defend Funeral Home/Cemetery 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 unearned premiums to the Funeral Home/Cemetery or its assigns. In addition, **Beneficiary hereby irrevocably authorizes said Insurance Company to give Funeral Home/Cemetery or its assigns any information that it may require regarding said policy(s). Beneficiary hereby appoints Funeral Home/Cemetery 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 proceeds of said policy(s) or certificate(s), including but not limited to, giving Funeral Home/Cemetery or its assigns the right to endorse checks and claimant statement forms.** Beneficiary further acknowledges that this assignment may be reassigned to **C & J Financial, LLC.** As such, if for any reason it becomes necessary for **C & J Financial, LLC** to proceed against the Beneficiary or the Funeral Home/Cemetery, it is hereby agreed that each are jointly and severally liable for all costs of collections, including but not limited to, reasonable attorney's fees, and court costs. In the event the proceeds are not tendered to the Funeral Home/Cemetery or its assigns within 90 days, the Beneficiary and the Funeral Home/Cemetery are jointly and severally liable, and each agrees that the exclusive jurisdiction for legal proceedings hereunder is Etowah County, Alabama. **In the event the policy(s) is not enclosed, I certify that the policy(s) has been lost or destroyed.**

⇨ _____ _____ _____

Beneficiary's Signature **Relationship to Deceased** **Date**

_____ _____ _____

Beneficiary's SS# **Date of Birth (must be of legal age)** **Telephone #**

_____ _____ _____ _____

Address **City** **State** **Zip**

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

⇨ _____ _____ _____

NOTARY PUBLIC SIGNATURE DATE NOTARY STAMP OR SEAL

IRREVOCABLE REASSIGNMENT AND POWER OF ATTORNEY

To: C & J FINANCIAL, LLC, P.O. Box 7070, Rainbow City, AL 35906 Ph: 800.785.0003 fax: 256.442.0107

For value received, the above Funeral Home/Cemetery and its Funeral Director/Owner hereby Irrevocably reassigns to **C & J Financial, LLC, P.O. Box 7070, Rainbow City, AL 35906** or assigns, the Assignment made between the Beneficiary and the Funeral Home. Funeral Home further appoints **C & J Financial, LLC** 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. In the event **C & J Financial, LLC** does not receive the full proceeds from the above insurance policy or certificates, and other documents required to complete the assigned insurance claim the Funeral Home/Cemetery and its Director/Owner assume responsibility for full payment, plus 2% compounded 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 Etowah County, Alabama. **The above Funeral Home/Cemetery hereby authorizes the above Insurance Company to issue a check(s) directly to C & J Financial, LLC.**

⇨ _____ _____

Signature of Funeral Home/Cemetery Authorized Representative Name of Funeral Home/Cemetery Authorized Representative (please print)

_____ _____

Date Name of Funeral Home/Cemetery

The foregoing Reassignment was executed by_____, who is personally known to me or who has produced identification.
FUNERAL HOME/CEMETERY AUTHORIZED REPRESENTATIVE

⇨ _____ _____ _____

NOTARY PUBLIC SIGNATURE DATE NOTARY STAMP OR SEAL