

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 Salt Lake County, Utah. **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 # _____ Email Address _____

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 _____



IRREVOVCABLE REASSIGNMENT AND POWER OF ATTORNEY

TO: C & J FINANCIAL, LLC · P.O. BOX 7070 · Rainbow City, AL 35906 · Ph: 256.442.0020 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 Salt Lake County, Utah. **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 _____