



Date: _____



THE SIGNATURE GROUP, LLC
 eMail: info@signature-group.com
 www.signature-group.com

Assignment of Proceeds of Insurance

Decedent _____ SS# _____

Insurance Co. _____ Amount Assigned _____

Policy Numbers: _____

The undersigned being entitled to receive the benefits of the policy(ies) issued or reinsured by the insurance company on the life of the decedent set forth above, having contracted with **Terry Funeral Home, Inc.** (hereinafter identified as the "funeral home") for funeral services and supplies for the burial of the deceased, and being indebted to the funeral home in the amount of \$ _____, does hereby set over, assign and transfer unto the funeral home the above states assigned amount, plus applicable interest since decedent's death as provided by state law, out of the proceed of said insurance policy or policies; and I hereby authorize and direct the insurance company to make its check payable to the funeral home for the assigned amount and to pay the remained of the proceeds of said policies to the undersigned, and I do hereby release the insurance company from any other or further liability to the undersigned or the estate upon payment to the assignee or its successors. In the event the settlement amount on the policy(ies) is less than the amount of this assignment, the undersigned 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/us under the provisions of the above-described policy(ies) subsequent to the execution of this assignment, then the said proceeds shall be held in trust by me/us for the use of the holder of the instrument. The undersigned hereby appoints the funeral home and its/his successors and assigns, as our attorney in fact, which POWER OF ATTORNEY is irrevocable and is coupled with an interest, to act for us 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 policy(ies), as fully to all intents and purposes as we ourselves could do, hereby ratifying and confirming all that our said attorney may do or cause to be done by virtue hereof. The undersigned also authorize and direct an organization, agency, entity, or person to give and release any information regarding the policy(ies) to the funeral home and its/his successors and assigns, or anyone acting on their behalf. In reference to "the freedom of information act", the undersigned hereby grants THE SIGNATURE GROUP, L.L.C. permission to obtain from the fore said party(ies) all privacy act and freedom of information requested by it to process all insurance claims hereunder. I (we) agree that Etowah County, Alabama, shall be the irrevocable exclusive jurisdiction and venue for legal proceedings arising hereunder. The assignee(s) will be entitled to collect their costs (including attorneys' fees) in enforcing this assignment.

Claimant

Claimant

Claimant

Signature: _____	Signature: _____	Signature: _____
Name(print): _____	Name(print): _____	Name(print): _____
SS#: _____	SS#: _____	SS#: _____
Relationship: _____	Relationship: _____	Relationship: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____
Telephone: _____	Telephone: _____	Telephone: _____

SATE OF: _____ COUNTY OF _____

I, the undersigned authority, a Notary Public in and for said county in said state, do hereby certify that whose name as such is signed to the foregoing, executed the same voluntary on the day the same bears date. This the _____ day of _____, 20 _____.

(Notary Public) My commission expires _____

IRREVOCABLE RE-ASSIGNMENT TO: THE SIGNATURE GROUP, L.L.C.

For value received, the undersigned do hereby irrevocably assign, transfer, convey and set over unto THE SIGNATURE GROUP, L.L.C., P.O. Box 1666, Gadsden, AL 35902, its successors and assigns, all of our rights, interest, title, and claim in and to the assignment attached hereto, and appoint THE SIGNATURE GROUP, L.L.C., as our attorney in fact, hereby ratifying, confirming and approving all that our said attorney may do by virtue hereof. The undersigned also irrevocably appoints THE SIGNATURE GROUP, L.L.C., and its assigns as its attorney-in-fact to act for it with full power to make collection of, compromise, settle and receive the proceeds of said policies or certificates and the authority to endorse checks as full as it could do, with full power of substitution. This power of attorney shall be irrevocable, and coupled with an interest. I also direct that payment be made directly and solely to THE SIGNATURE GROUP, L.L.C., in the event that any payments of proceeds are made by the insurance company or its agent, to me, erroneously, subsequent to the execution of this reassignment to THE SIGNATURE GROUP, L.L.C., then I agree to hold the proceeds in trust and to immediately pay the proceeds to THE SIGNATURE GROUP, L.L.C. as herein provided. On behalf of myself and the funeral home, it is agreed that Etowah County, Alabama, shall be the irrevocable exclusive jurisdiction and venue for legal proceeds arising hereunder, and this assignment will be interpreted under Alabama law. The signee(s) will be entitled to collect their costs (including attorney's fees) in enforcing this assignment.

PRINT

Terry Funeral Home, Inc.

FUNERAL HOME

AUTHORIZED FUNERAL HOME DIRECTOR

STATE OF _____ COUNTY OF _____

I, the undersigned authority, a Notary Public in and for said county in said state, do hereby certify that whose name as such is signed to the foregoing, executed the same voluntary on the day the same bears date. This the _____ day of _____, 20 _____.

(Notary Public) My commission expires _____