

Funeral Home / Cemetery Information - Please enter funeral home/cemetery information.

Funeral Home/Cemetery:

Contact Name:

Contact Email:

Funeral Director:

Contact Phone:

Contact Fax:

Assignment Information - Please enter estimated assignment amount.

Amount Requested:

Deceased Information - Please enter deceased information.

Deceased Name:

Deceased Social Security:

Date of Birth:

Date of Death:

Place of Death (City, State):

Cause of Death:

Deceased Address:

Policy Information - Please enter insurance policy information.

Insurance Company:

Policy Number(s):

Group Policy Information - If policy benefit is with employer, enter group policy information.

Name of Employer (Company), HR Contact Name, and Phone Number:

1st Beneficiary Information - Please enter 1st potential beneficiary information.

Beneficiary Name 1:

Beneficiary 1 Full Address & Phone:

Beneficiary 1 Date of Birth:

Beneficiary 1 Social Security Number:

Beneficiary 1 Relationship:

2nd Beneficiary Information - Please enter 2nd potential beneficiary information.

Beneficiary Name 2:

Beneficiary 2 Full Address & Phone:

Beneficiary 2 Date of Birth:

Beneficiary 2 Social Security Number:

Beneficiary 2 Relationship:



IRREVOCABLE ASSIGNMENT & REASSIGNMENT ("IA")
& Limited Durable Power of Attorney ("POA")

INSURED: _____

INSURANCE COMPANY, BUSINESS OR GOVERNMENT ENTITY (hereinafter referred to as "ICBG"): _____

INSURANCE POLICY, PLAN, ANNUITY, CLAIM or BENEFIT NUMBER(S) (hereinafter referred to as "Policy"): _____

FOR VALUE RECEIVED the undersigned person(s) equitably or legally entitled to the benefits, now or in the future, under the above mentioned or described Policy hereby irrevocably assigns, sets over, conveys, transfers and or sells to _____ (hereinafter referred to as "FH")

6145 WEDGWOOD DR, FORT WORTH, TX 76133, its successors and assigns the sum of \$ _____ plus statutory and/or contractual interest from the date of death and all premiums which are to be paid from the benefits, proceeds, premium(s) and interest of the above-mentioned or described Policy or any life insurance benefit of the undersigned person(s) connected to Insured. In addition, the undersigned person(s) assigns all of my/our claims & causes of action connected with the Policy including, but not limited to, all benefit & non-benefit ERISA claims.¹ The undersigned person(s) hereby irrevocably authorizes the above-named ICBG to make payment of the sum specified herein to the FH's Assigns on its order. The consideration for this IA is the FH rendering funeral services or assisting with the disposition of remains of the above-named Insured which services have been specifically ordered and accepted by me/us and/or additional monies advanced to me/us for my/our personal benefit. For valuable consideration, the undersigned FH does hereby irrevocably assign, transfer, convey and/or sell to **SURETY CAPITAL CORPORATION ("SRYP")** its successors and assigns all of FH's right, title and interest in the IA, and the insurance proceeds and Policy benefits and causes of action therein referred to, and do hereby direct that payment be made to SRYP hereby ratifying, confirming and approving anything that the said SRYP may do by virtue of the authority and direction given herein. In addition, the undersigned FH assigns the right to collect from person(s) who is/are liable for INSURED's funeral or cemetery expenses. **TIME IS OF THE ESSENCE, the undersigned person(s) hereby irrevocably authorizes and directs insurance company, third party administrator, record keeper or any business or government entity to give FH & SRYP any confidential, medical or Policy information that SRYP and/or FH require regarding Decedent, Beneficiary(ies) and said Policy by email, fax or phone to HELP THE FAMILY SECURE TIMELY ARRANGEMENTS FOR INSURED'S FUNERAL and/or BURIAL and to ensure proper payment of Policy benefits.** The undersigned person(s) authorizes disclosure of Protected Health Information Pursuant to HIPAA 45 C. F. R. 164.512 to SRYP. The undersigned person(s) and FH hereby irrevocably appoint SRYP or its Assigns as my/our Attorney-in-Fact to act for me/us with full power to make collection of, compromise, settle and receipt for the proceeds of said Policy in my/our names or otherwise with authority to: endorse checks and benefit forms in my/our individual, estate representative, trustee or FH capacity; receive & complete claim forms or packets; receive information concerning Insured's above-mentioned or described Policy; obtain plan documents; receive medical or confidential information pursuant to HIPAA, ERISA and/or FOIA; add, redo or amend this IA; order death certificates of Insured; insert my/our signature on claim, assignment or benefit forms as fully as I/we myself/ourselves could do, with full power of substitution and revocation hereby ratifying and confirming all that my/our attorneys or their substitutes may do or cause to be done by virtue of the authority and direction given herein even if undersigned subsequently becomes incapacitated. In the event that any payment is made to me/us for the Policy subsequent to the execution of this IA, such proceeds shall be delivered in the original form received to SRYP or its Assigns; such proceeds will not be commingled with any of our other funds or property but will be held separate and apart therefrom and upon an express trust until delivery thereof is made to SRYP or its Assigns. The undersigned person(s) & FH hereby expressly consent and agree to personally submit to the jurisdiction of all levels of any and all State and Federal Courts located in Tarrant County, the State of Texas, arising out of any and all litigation which occurs as a result of any dispute regarding this IA, POA or Policy. The substantive law of the state where Insured died will be used to enforce IA against ICBG. I/we agree to pay all costs, expenses, and reasonable attorney's fees incurred in enforcing any of the covenants and provisions of this IA and incurred in any action brought against me/us on account of the provisions hereof. The undersigned & FH attests that the information in this IA is accurate. **SRYP promises non-recourse** if there is no fraud or misrepresentation of any information given to SRYP. Otherwise, on demand, the undersigned & FH promise to pay to the order of SRYP \$ _____ with interest at the highest permissible rate allowed under Texas Statutes until paid. I/We warrant and represent individually, jointly, and severally that I/We have not heretofore assigned any of the proceeds of the Policy to any person(s) or entity(ies) whatsoever. Notwithstanding, I/We hereby revoke any and all other prior assignments made by me/us of the proceeds of the above captioned Policy to any person(s) or entity(ies) whatsoever prior to the date below and attest this IA take precedence over any assignment of the proceeds of the above captioned Policy. In the event that any payment is made to SRYP for the above-mentioned Policy that is in excess of the assigned total, the undersigned person(s) & FH hereby agree that SRYP, its successors or assigns, will take possession of the excess amount for itself until such time as the undersigned person(s) and/or FH agree in writing to its distribution. If the undersigned & FH do not agree in writing within one year after receipt of the excess funds, the excess funds belong solely to SRYP. **If the Policy is not included with the claim, after a diligent search, I/we attest the Policy is LOST. The undersigned person(s) and FH attest the Insured is dead. I/we attest that a copy of this IA and POA is intended to be treated as if it were the original.** In the event any covenants and provisions are determined invalid, all other covenants and provisions will remain intact & enforceable. I (We) agree that the signature below is an electronic signature and shall be applied to this IA and all forms mentioned above completed by my/our limited POA. IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HANDS AND SEALS **THIS** _____ **DAY OF** _____, 20____.

→ _____
BENEFICIARY'S SIGNATURE & RELATIONSHIP

→ _____
BENEFICIARY'S SIGNATURE & RELATIONSHIP

Beneficiary Name	Your relationship to the Deceased?	Address (Street, City, State, Zip)	Birthdate	Social Security #
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____			

→ _____
FUNERAL DIRECTOR'S / CEMETERIAN'S SIGNATURE

_____ **FUNERAL HOME or CEMETERY NAME**

On ____ / ____ /20____, before me, _____, a Notary Public, personally appeared _____, **beneficiary(ies)** and _____, **funeral director(s)** who acknowledge themselves to be the persons whose names are subscribed to the within instrument. IN WITNESS WHEREOF, I hereunto set my hand and official seal.

1 - Employee Retirement Income Security Act ("ERISA").
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_____ **NOTARY PUBLIC SIGNATURE & STAMP**