



**IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY**

INSURANCE COMPANY NAME: \_\_\_\_\_

POLICY#(S): \_\_\_\_\_

DECEASED NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ D.O.D: \_\_\_\_\_

FUNERAL HOME/CEMETERY: \_\_\_\_\_ ASSIGNMENT AMOUNT: \_\_\_\_\_

I / We, the undersigned beneficiary(ies) and/or claimant(s) legally entitled to the benefits from said insurance policy(s) or employer/union death benefit, do hereby Irrevocably Assign, set over and transfer unto the above mentioned funeral home its successors the above **Assignment Amount** which are to be paid from the benefits of said policy(s) or death benefit. The consideration for the assignment amount is for funeral services rendered by the funeral home/cemetery which have been accepted by me/us and any advance payments made to me/us. I/we authorize and direct said Insurance Company to pay **American Capital Funding, LLC ("ACF")**, the above Assignment Amount plus statutory interest through the insured's date of death until the claim is paid plus any unearned premiums, making the check for the reassigned proceeds payable solely to **ACF**, and not jointly to me/us. I/we hereby guarantee the validity and sufficiency of the foregoing Irrevocable Assignment to the Funeral Home/Cemetery and **ACF**. **I/we hereby appoint the funeral home/cemetery and ACF to act as my/our Attorney-in-fact which POWER OF ATTORNEY is Irrevocable and joined with interest to act on my/our behalf with regard to the collection of, settlement of and receipt of proceeds from said policy(s)/death benefits, including but not limited to, giving ACF the right to endorse checks and CLAIMANT STATEMENTS/forms in my name. I authorize ACF to act on my behalf with regard to signing IRS Form W-9 (or an acceptable substitute) in my name. I/we grant the Funeral Home/Cemetery and ACF permission to obtain from said insurance company/employer all information regarding the "Privacy Act" and "Freedom of Information Act", to process all insurance claims, including obtaining certified copies of the death certificate for the deceased insured.** If, for any reason, ACF does not receive full payment, I/we agree to immediately pay ACF the amount of its loss on the assignment. I/we shall remain indebted and liable and agree to pay all costs and legal expenses in connection with the pursuit and collection of this debt to the Funeral Home and/or ACF or its successors until payment of the sum specified above is fully paid. I/we agree that Newport News, VA shall be the exclusive jurisdiction for legal proceedings. **In the event the policy(s)/certificate(s) are not enclosed, I certify that said policy(s)/certificate(s) have been lost or destroyed.**

1<sup>st</sup> BENEFICIARY

2<sup>nd</sup> BENEFICIARY

SIGNATURE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relation: \_\_\_\_\_

SS# \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

SS# \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

The foregoing Reassignment was executed by the beneficiary(ies) above, who is/are personally known to me or who has/have produced proper identification.

\_\_\_\_\_  
(Notary Signature) My Commission Expires \_\_\_\_\_ Date \_\_\_\_\_ (Notary Seal or Stamp)

**IRREVOCABLE REASSIGNMENT AND POWER OF ATTORNEY**

**REMIT PAYMENT TO: American Capital Funding, LLC, ("ACF") 12610 Patrick Henry Dr., Ste J  
Newport News, VA 23602**

For valued received, the undersigned do hereby Irrevocable Assign, transfer, convey and set over unto **ACF, 12610 Patrick Henry Dr., Ste J Newport News, VA 23602**, and **Farmers Bank**, its successors and assigns, all of our rights, title, interest and claim in and to the within assignment, and appoint **ACF** and **Farmers Bank**, as our Attorney-In-Fact, hereby ratifying and confirming all that our said attorney do or cause to be done by virtue hereof, this Power of Attorney shall be Irrevocable, and coupled with an interest. I also direct that payment be made directly and solely to **ACF**. 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 **ACF**, then I agree to hold the proceeds in trust and to immediately pay the proceeds to **ACF within 10 business days**, without necessity of any request to so pay the funds on behalf of myself and the funeral home. I agree that Newport News, VA, shall be the exclusive jurisdiction and venue for legal proceedings hereunder.

\_\_\_\_\_  
(Name of Funeral Home/Cemetery)

\_\_\_\_\_  
(Signature of Authorized Funeral Home/Cemetery Representative)

The foregoing Reassignment was executed by \_\_\_\_\_, who is personally known to me or who has produced proper identification.  
(Authorized Funeral Home/Cemetery Rep)

\_\_\_\_\_  
(Notary Signature) My Commission Expires \_\_\_\_\_ Date \_\_\_\_\_ (Notary Seal or Stamp)