



# IRREVOCABLE ASSIGNMENT

FOR VALUE RECEIVED, I (WE), THE UNDERSIGNED BENEFICIARIES UNDER THE INSURANCE POLICY, OR DEATH BENEFIT CERTIFICATE NUMBER, OR BEING THE PERSON EQUITABLY ENTITLED TO THE BENEFITS THEREUNDER ON

POLICY NUMBER(S) \_\_\_\_\_ (POLICY NUMBER) \_\_\_\_\_ (POLICY NUMBER) \_\_\_\_\_ (POLICY NUMBER) \_\_\_\_\_ (POLICY NUMBER)

ISSUED BY \_\_\_\_\_ (NAME OF INSURANCE COMPANY) FOR THE TOTAL

AMOUNT OF \_\_\_\_\_ (\$ \_\_\_\_\_) (TOTAL FACE VALUE OF THE ABOVE POLICIES) (DOLLARS)

ON THE LIFE OF \_\_\_\_\_ (NAME OF THE DECEASED INSURED) DO HEREBY IRREVOCABLY ASSIGN, SET

OVER AND TRANSFER UNTO (Funeral Home/Cemetery) \_\_\_\_\_ ITS – HIS SUCCESSORS AND ASSIGNS,

THE SUM OF \$ \_\_\_\_\_ (\$ \_\_\_\_\_) (WRITE-IN THE AMOUNT BEING ASSIGNED - Funeral Expenses plus Fees) (DOLLARS)

PLUS STATUTORY INTEREST FROM THE INSURED'S DATE OF DEATH, WHICH IS TO BE PAID FROM THE BENEFITS OF THE ABOVE-MENTIONED POLICY OR CERTIFICATE, THE CONSIDERATION FOR THE ASSIGNMENT OF THIS AMOUNT BEING (1) FUNERAL SERVICES RENDERED IN THE BURIAL OF SAID DECEASED BY THE FUNERAL HOME, WHICH SERVICES HAVE BEEN ACCEPTED BY US, AND / OR (2) ADVANCE PAYMENT OF PROCEEDS OF THE ABOVE-MENTIONED POLICY(S).

I (WE) HEREBY AUTHORIZE AND DIRECT THE ABOVE-NAMED INSURANCE COMPANY TO PAY \$ \_\_\_\_\_ TO AMERICAN CAPITAL FUNDING, LLC, AT 900 39<sup>TH</sup> STREET, NEWPORT NEWS, VA 23607, MAKING THE CHECK FOR THE REASSIGNED PROCEEDS PAYABLE SOLELY TO AMERICAN CAPITAL FUNDING, LLC, AND NOT JOINTLY TO ME (US) AND AMERICAN CAPITAL FUNDING, LLC. IN THE EVENT THAT ANY PAYMENTS OF THE SAID PROCEEDS ARE ERRONEOUSLY PAID TO ME (US) BY THE ABOVE-NAMED INSURANCE COMPANY, SUBSEQUENT TO THE EXECUTION OF THIS ASSIGNMENT TO THE FUNERAL HOME NAMED ABOVE OR THE BELOW REASSIGNMENT BY THE FUNERAL HOME TO AMERICAN CAPITAL FUNDING, LLC., THEN I (WE) AGREE TO HOLD THE SAID PROCEEDS IN TRUST FOR THE USE OF AMERICAN CAPITAL FUNDING, LLC, AND TO IMMEDIATELY REMIT SAID FUNDS TO AMERICAN CAPITAL FUNDING, LLC, WITHOUT THE NECESSITY OF A REQUEST FROM AMERICAN CAPITAL FUNDING, LLC, SO TO DO. I (WE) APPOINT AMERICAN CAPITAL FUNDING, LLC, AS OUR ATTORNEY-IN-FACT TO ACT FOR US WITH FULL POWER TO MAKE COLLECTION OF, COMPROMISE SETTLE AND TO ENDORSE OR RECEIPT IN MY (OUR) NAMES, OR OTHERWISE, ANY CHECK, DRAFT, RECEIPT OR RELEASE FOR THE PROCEEDS OF SAID POLICY OF INSURANCE OR CERTIFICATE, 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. THIS POWER OF ATTORNEY SHALL BE IRREVOCABLE, AND COUPLED WITH AN INTEREST. I (WE) ALSO AUTHORIZE AND DIRECT THE ABOVE-NAMED INSURANCE COMPANY, AND / OR THE EMPLOYER OF THE ABOVE-NAMED DECEASED INSURED, AND/OR ANY ORGANIZATION, AGENCY, ENTITY, OR PERSON ACTING AS CARETAKER OF THE INFORMATION ABOUT THE POLICY(S) AND BENEFICIARY (S) OF THE POLICY (S), TO GIVE AND RELEASE TO AMERICAN CAPITAL FUNDING, LLC. ANY AND ALL INFORMATION IT REQUESTS REGARDING THE POLICY (S) AND BENEFICIARY(S). THE UNDERSIGNED HEREBY GRANTS AMERICAN CAPITAL FUNDING, LLC, PERMISSION TO OBTAIN FROM THE AFORESAID PARTY(S) ALL PRIVACY ACT AND FREEDOM OF INFORMATION ACT INFORMATION REQUESTED BY IT TO PROCESS ALL INSURANCE CLAIMS HEREUNDER, INCLUDING OBTAINING CERTIFIED COPIES OF THE DEATH CERTIFICATE FOR THE DECEASED INSURED. I (WE) AGREE THAT NEWPORT NEWS, VIRGINIA, SHALL BE THE IRREVOCABLE EXCLUSIVE JURISDICTION AND VENUE FOR LEGAL PROCEEDINGS ARISING HEREUNDER. EACH ASSIGNOR HEREIN DOES HEREBY ACKNOWLEDGE THAT HE / SHE DOES NOT RETAIN OR KEEP ANY CONTROL OVER THE FUNDS ASSIGNED TO THE FUNERAL HOME, AND REASSIGNED TO AMERICAN CAPITAL FUNDING, LLC., AND THAT THE ABOVE-SPECIFIED LIFE INSURANCE PROCEEDS ARE IRREVOCABLY ASSIGNED, AND REASSIGNED BELOW TO AMERICAN CAPITAL FUNDING, LLC. I (WE) AGREE THAT NEWPORT NEWS, VIRGINIA, SHALL BE THE IRREVOCABLE AND EXCLUSIVE JURISDICTION AND VENUE FOR LEGAL PROCEEDINGS ARISING HEREUNDER. EACH ASSIGNOR HEREIN DOES HEREBY ACKNOWLEDGE THAT HE / SHE DOES NOT RETAIN OR KEEP ANY CONTROL OVER THE FUNDS ASSIGNED TO THE FUNERAL HOME, AND REASSIGNED TO AMERICAN CAPITAL FUNDING, LLC., AND THAT THE ABOVE-SPECIFIED LIFE INSURANCE PROCEEDS ARE IRREVOCABLY ASSIGNED, AND REASSIGNED BELOW TO AMERICAN CAPITAL FUNDING, LLC. FOR VALUE RECEIVED, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED BY THE UNDERSIGNED BENEFICIARY(S). IN THE EVENT THAT THE LIFE INSURANCE PROCEEDS ARE ULTIMATELY DETERMINED BY THE HEREINABOVE INSURANCE COMPANY TO BE LESS THAN THE AMOUNT HEREINABOVE ASSIGNED, THEN, UPON NOTICE TO HIM/HER OF THE DEFICIT IN PROCEEDS, I/WE AGREE TO FORTHWITH REIMBURSE AMERICAN CAPITAL FUNDING, LLC, AND THE ENTIRE BALANCE DUE HEREUNDER.

IN WITNESS WHEREOF, I (WE) HAVE HEREUNTO SET OUR HAND(S) AND SEAL(S) THIS \_\_\_\_ DAY OF \_\_\_\_\_ (MONTH), \_\_\_\_\_ (YEAR):

STATE/CITY / COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF 1<sup>ST</sup> BENEFICIARY) (RELATIONSHIP TO INSURED)

\_\_\_\_\_  
(SIGNATURE OF 2<sup>ND</sup> BENEFICIARY) (RELATIONSHIP TO INSURED)

I, \_\_\_\_\_, A NOTARY PUBLIC IN AND FOR THE STATE AND CITY / COUNTY AFORESAID, DO HEREBY CERTIFY THAT \_\_\_\_\_, PERSONALLY KNOWN TO ME TO BE THE SAME PERSON(S) WHOSE NAME(S) IS ARE SUBSCRIBED TO THE FOREGOING INSTRUMENT, APPEARED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_ (MONTH), \_\_\_\_\_ (YEAR), IN PERSON, AND ACKNOWLEDGED THAT HE (SHE) EXECUTED THE SAME AS HIS (HER) FREE AND VOLUNTARY ACT FOR THE USES AND PURPOSES SET FORTH ABOVE.

MY COMMISSION EXPIRES: \_\_\_\_\_ (NOTARY PUBLIC)



## IRREVOCABLE REASSIGNMENT TO: AMERICAN CAPITAL FUNDING, LLC EIN:54-2008895

FOR VALUE RECEIVED, THE UNDERSIGNED DO HEREBY IRREVOCABLY ASSIGN, TRANSFER, CONVEY AND SET OVER UNTO AMERICAN CAPITAL FUNDING, LLC, 900 39<sup>TH</sup> STREET NEWPORT NEWS, VA 23607, AND FARMER'S BANK, ITS SUCCESSORS AND ASSIGNS, ALL OF OUR RIGHTS, TITLE, INTEREST AND CLAIM IN AND TO THE WITHIN ASSIGNMENT, AND APPOINT AMERICAN CAPITAL FUNDING, LLC AND FARMER'S BANK, AS OUR ATTORNEY-IN-FACT, HEREBY RATIFYING AND CONFIRMING ALL THAT OUR SAID ATTORNEY MAY 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 AMERICAN CAPITAL FUNDING, LLC. 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 AMERICAN CAPITAL FUNDING, LLC, THEN I AGREE TO HOLD THE PROCEEDS IN TRUST AND TO IMMEDIATELY PAY THE PROCEEDS TO AMERICAN CAPITAL FUNDING, LLC, WITHOUT THE NECESSITY OF ANY REQUEST TO SO PAY THE FUNDS. ON BEHALF OF MYSELF AND THE FUNERAL HOME, I AGREE THAT NEWPORT NEWS, VIRGINIA, SHALL BE THE EXCLUSIVE JURISDICTION AND VENUE FOR LEGAL PROCEEDINGS HEREUNDER.

(Funeral Home/Cemetery): \_\_\_\_\_

STATE/CITY / COUNTY OF \_\_\_\_\_ BY: \_\_\_\_\_ (AUTHORIZED SIGNATORY OF FUNERAL HOME/CEMETERY)

I, \_\_\_\_\_, A NOTARY PUBLIC IN AND FOR THE STATE AND CITY / COUNTY AFORESAID, DO HEREBY CERTIFY THAT \_\_\_\_\_, PERSONALLY KNOWN TO ME TO BE THE SAME PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT, APPEARED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_ (MONTH), \_\_\_\_\_ (YEAR), IN PERSON, AND ACKNOWLEDGED THAT HE (SHE) EXECUTED THE SAME AS HIS (HER) FREE AND VOLUNTARY ACT FOR THE USES AND PURPOSES SET FORTH ABOVE.

\_\_\_\_\_  
(NOTARY PUBLIC) MY COMMISSION EXPIRES: \_\_\_\_\_