



# American Capital Funding, LLC

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Newport News, VA 23607

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## ADVANCE REQUEST

### INSTRUCTIONS:

1. It is the funeral director's responsibility to identify and have all beneficiaries complete and sign all documents required by the applicable insurance company(s) to obtain funding through American Capital Funding, LLC. NOTE: We request that all policy beneficiaries also sign your funeral contract to establish each beneficiary's liability to your funeral home. Many insurance companies require a copy of the funeral contract signed by the beneficiaries to pay American Capital Funding, LLC on our Reassignment.
2. Write or type the information needed to complete all the blank spaces below, and sign and date this Advance Request at the bottom.
3. Fax this Advance Request to American Capital Funding, LLC. A claims representative will immediately verify that your insurance policies are unencumbered by loans, unpaid premiums, pledges, assignments, or other conveyances of title, ownership, or interest in the policies and its benefit proceeds. You will be called with that information as soon as it is available.
4. Our office will fax back to you a copy of the claim form or claimant's statements required by the applicable insurance company(s), or instruct you in regard to the claim form in group insurance cases.
5. Have the claim form and the Assignment and Reassignment completed, executed, and notarized, where applicable. Next, fax these documents to American Capital Funding, LLC, along with a copy of the funeral contract, signed by all assignees. Recognizing your need and desire for confidentiality, our office will not share a copy of your funeral contract with any person or party other than the applicable insurance companies.
6. It is not necessary to have a death certificate in hand to receive payment on your Advance Request. American Capital Funding, LLC will pay your funeral home on our Reassignment after completion of the above steps. In normal circumstances, after our receipt of the above-detailed faxed copies, payment to you will be made the same day, or within 24 hours of insurance verification. You may choose payment by check by UPS next morning delivery or ACH payment at no cost to you.
7. Immediately upon receipt of your funds, return all the originals of the above-required documents to American Capital Funding, LLC including a certified copy of the death certificate, if available. If you do not have the certified death certificate when you receive payment from our office, please return all the other documents, and send us the death certificate when you receive it.

American Capital Funding, LLC will deduct from your check or ACH payment an advance consideration fee of 5% of the amount funded under the below policies. You will receive an itemized statement with your payment.

**Funeral Home/Cemetery Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Amount of Advance Requested:** \$ \_\_\_\_\_ **Request Date:** \_\_\_\_\_

**Name of the deceased insured:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_

**Cause of Death (check one):** Natural  Suicide  Homicide  Accident

**Do you have the final death certificate?** Yes  No

**Is the cause of death "pending" (check "yes" or "no")?** Yes  No

**Approximate date the final death certificate will be forwarded to American Capital Funding, LLC:** \_\_\_\_\_

**Do you have the original insurance policy(s)?** Yes  No

**Name of other funeral home or cemetery assigned funds on the below policy(s):** \_\_\_\_\_

<b>1</b>	<b>Insurance Company</b>	<b>Policy Number</b>	<b>Face Amt.</b>
	<b>Beneficiary/Birth Date</b>	<b>SSN/Address</b>	<b>Phone Number</b>
<b>2</b>	<b>Insurance Company</b>	<b>Policy Number</b>	<b>Face Amt.</b>
	<b>Beneficiary/Birth Date</b>	<b>SSN/Address</b>	<b>Phone Number</b>
<b>3</b>	<b>Insurance Company</b>	<b>Policy Number</b>	<b>Face Amt.</b>
	<b>Beneficiary/Birth Date</b>	<b>SSN/Address</b>	<b>Phone Number</b>