



FAST FUNDING® REQUEST

(Fax completed forms toll free to: 866.785.0030)

From: Affordable Funeral Home Lacombe, Louisiana Rodney, Iris or Sam
 (Funeral Home/Cemetery) (City & State) (Contact Person)
 (985) 218-9701 (985) 218-9702 affordablefh@gmail.com
 (Phone Number) (Fax Number) (Email Address)

Deceased: _____ Social Security #: _____
(As it appears on Insurance Policy)

Date of Birth _____ Date of Death _____

Cause of Death: Natural Homicide Suicide Accident Coroner Case/ Pending Death Certificate

Was the death local? Yes No Who picked the body up? _____

Are there any other assignments related to this policy(s) that you are aware of? YES NO
Funeral Home _____ Phone# _____

Is this policy through an employer? YES NO If YES is deceased? Employee Rider on Employee Policy

If rider, what is the deceased relationship to employee? _____ Is Employee? Active Retired

If Employer coverage, provide name and phone number of Employer: _____

Insurance Information:

Policy # 1 _____ Insurance Co. _____

Beneficiary _____ Relationship _____

Policy # 2 _____ Insurance Co. _____

Beneficiary _____ Relationship _____

Policy # 3 _____ Insurance Co. _____

Beneficiary _____ Relationship _____

Policy # 4 _____ Insurance Co. _____

Beneficiary _____ Relationship _____

NOTE: If you have verified this claim, please furnish us the number you called for each insurance company and your contact person, if one: _____

Total Amount Assigned: \$ _____

Any additional information or requests:

IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

Deceased: _____ Assignment # _____
 Insurance Company: _____
 Policy Number(s): _____
 Funeral Home and/or Cemetery: _____ Total Assigned: _____

This Irrevocable Assignment is made between Beneficiary below and the Funeral Home/Cemetery below. In consideration for the Funeral Home/Cemetery providing services in the burial of the above Insured, said services having requested and accepted by Beneficiary and/or additional funds have been advanced and paid to the Funeral Home/Cemetery and/or the Beneficiary by C&J Financial, LLC ("CJF"). The undersigned irrevocably assigns to the Funeral Home/Cemetery, the above Assignment Amount, plus statutory interest from deceased's date of death until claim paid plus any unearned premiums. Beneficiary hereby guarantees the validity and sufficiency of the foregoing irrevocable assignment to the Funeral Home /Cemetery and C&J Financial, LLC, and Beneficiary further guarantees to warrant title to the policy(s) and defend C&J Financial, LLC against any claims on the policy(s). **Beneficiary hereby irrevocably authorizes said Insurance Company to make payment of the sum specified above, plus statutory interest and unearned premiums to CJF. Beneficiary hereby irrevocably authorizes said Insurance Company to give Funeral Home/Cemetery or CJF any information that it may require regarding said policy(s). Beneficiary hereby appoints C&J Financial, LLC as their Attorney-in-fact and to act on their behalf with regard to the collection of, settlement of, and receipt of proceeds of said policy(s) or certificate(s), including but not limited to, giving C&J Financial, LLC the right to endorse checks and claimant statement forms in my name. I authorize CJF to act on my behalf with regard to signing IRS Form W-9 (or an acceptable substitute) in my name. If, for any reason, C&J Financial, LLC does not receive full payment within 90 days I agree to immediately pay C&J Financial, LLC the amount of its loss on the assignment. If for any reason it becomes necessary for C&J Financial, LLC to proceed against me, I understand that I am liable for all costs of collections, including but not limited to, reasonable attorney's fees, and court costs. I agree that the exclusive jurisdiction for legal proceedings hereunder is Salt Lake County, Utah. In the event the policy(s) is not enclosed, I certify that the policy(s) has been lost or destroyed.**

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| Name: _____ Address: _____ City: _____ State: _____ Zip: _____ PH: _____ DOB: _____ SSN: _____ Signature _____ Relation _____ X _____ | Name: _____ Address: _____ City: _____ State: _____ Zip: _____ PH: _____ DOB: _____ SSN: _____ Signature _____ Relation _____ X _____ |
| Name: _____ Address: _____ City: _____ State: _____ Zip: _____ PH: _____ DOB: _____ SSN: _____ Signature _____ Relation _____ X _____ | Name: _____ Address: _____ City: _____ State: _____ Zip: _____ PH: _____ DOB: _____ SSN: _____ Signature _____ Relation _____ X _____ |

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

Notary Public Signature _____ Date _____ Notary Stamp or Seal _____

IRREVOCABLE REASSIGNMENT AND POWER OF ATTORNEY



C&J Financial, LLC P. 256.442.0020 F. 256.442.0107
 Mail Payments to: P.O. Box 57250 · Salt Lake City, UT 84157-0250
 All Other Correspondence: P.O. Box 7070 · Rainbow City, AL 35906

The undersigned representative and funeral home or cemetery (collectively "the Funeral Home") irrevocably reassigns to C&J Financial, LLC ("CJF"), P.O. Box 7070 · Rainbow City, AL 35906 or assigns, all of its interest in the above Assignment and further appoints CJF to act as its Attorney-in-fact with regard to the collection of, settlement of, and receipt of the proceeds as said policy(s) or certificate(s) noted above, including but not limited to, the right to endorse checks. Any payment made by CJF to the Funeral Home pursuant to this Assignment agreement is without recourse, except where the assignment or funding was procured by fraud on the part of the Funeral Home. The Funeral Home hereby authorizes the above Insurance Company to issue a check(s) directly to CJF. In the event that any payments of proceeds are made by the Insurance Company, its agent or the beneficiary (ies) to the Funeral Home, the Funeral Home agrees to hold the proceeds in trust and to immediately pay the proceeds to CJF within 10 days, without necessity of any request to so pay the funds. The Funeral Home further agrees that upon request by either CJF or the Insurance Company it will promptly provide all documents, material or information identified and needed to process a claim on the decedent's policy. Funeral Home shall be liable to CJF for any attorney's fees and costs CJF incurs in having to enforce any of the terms of this assignment. The undersigned agrees that the exclusive jurisdiction and venue for legal proceedings hereunder is in Salt Lake County, Utah.

Signature of Funeral Home/Cemetery Authorized Representative _____ Name of Funeral Home / Cemetery _____

The foregoing Reassignment was executed by _____, who is personally known to me or who has produced identification.
 Funeral Home/Cemetery Authorized Representative

Notary Public Signature _____ Date _____ Notary Stamp or Seal _____