

# **EXPRESS** FUNERAL FUNDING **EXPRESS REQUEST**

## Funeral Home/Cemetery Information

Funeral Home/Cemetery: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Email(s): \_\_\_\_\_ Request Date: \_\_\_\_\_

### Deceased Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Death: City: \_\_\_\_\_ State: \_\_\_\_\_

Cause of Death: Nat ☐ Acc ☐ Homicide ☐ Pend ☐ ME/Coroner ☐

If ME/Coroner Case, please provide:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Approx. date the final death certificate will be forwarded to EFF: \_\_\_\_\_

### Other funeral home/cemetery taking assignment and amount on this claim:

FH/Cemetery Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### Funding Information

\*Total Assignment field is required. Other fields in this box are optional depending on your organization.

Funeral Amount: \$ \_\_\_\_\_

Funeral Contract # \_\_\_\_\_

Cemetery Amount: \$ \_\_\_\_\_

Cemetery Contract # \_\_\_\_\_



An option for families to request any amount of the life insurance proceeds beyond the funeral expenses, for medical bills, travel expenses or any other immediate needs they may have.

**AA ADVANCEMENT ADVANTAGE** Amount: \$ \_\_\_\_\_

Preneed Purchase: \$ \_\_\_\_\_

**Total Assignment:** \$ \_\_\_\_\_  
(Total Amount Requested)

### Policy Information

#### 1. Insurance Company

#### Policy Number

#### Face Amount




#### Beneficiary / Relationship

#### Beneficiary Address / DOB / SSN

#### Phone Number







#### 2. Insurance Company

#### Policy Number

#### Face Amount




#### Beneficiary / Relationship

#### Beneficiary Address / DOB / SSN

#### Phone Number







### Group Policy Information

Active Retired

Deceased was the:

Employer

Contact

Phone Number

☐ ☐ ☐ Employee ☐ Dependent




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