
IRREVOCABLE ASSIGNMENT

DECEDENT _____ SSN: _____

INSURANCE COMPANY _____ CLAIM# _____

POLICY NUMBER(S) _____

AMOUNT ASSIGNED \$ _____ (Plus applicable interest since decedent's death, according to state law)

The undersigned being entitled to receive the benefits of the policy(ies) issued or reinsured by the insurance company on the life of the decedent set forth above, having contracted with **NORTH CAROLINA MUTUAL FINANCIAL, LLC** for funeral services and supplies for the burial of the deceased, and being indebted to **NORTH CAROLINA MUTUAL FINANCIAL, LLC** in the amount of \$ _____, does hereby set over, assign and transfer unto **NORTH CAROLINA MUTUAL FINANCIAL, LLC** the above stated assigned amount, plus applicable interest since decedent's death as provided by state law, out of the proceeds of said insurance policy or policies; and I hereby authorize and direct the insurance company to make its check payable to **NORTH CAROLINA MUTUAL FINANCIAL, LLC** for the assigned amount and to pay the remainder of the proceeds of said policies to the undersigned, and I do hereby release the insurance company from any other or further liability to the undersigned or the estate upon payment to the assignee or its successors. In the event the settlement amount on the policy (ies) is less than the amount of this assignment, the undersigned agree to pay the deficit to **NORTH CAROLINA MUTUAL FINANCIAL, LLC** and/or its assignee upon request to pay. If any payments of proceeds are made to me/us under the provisions of the above-described policy (ies) subsequent to the execution of this assignment, then the said proceeds shall be held in trust by me/us for the use of the holder of this instrument. The undersigned hereby appoints **NORTH CAROLINA MUTUAL FINANCIAL, LLC** and its/his successors and assigns, as our attorney in fact, which **POWER OF ATTORNEY** is irrevocable and is coupled with an interest, to act for us with full power to make collection of, compromise, settle and to endorse or receipt in our names or otherwise, any check, draft, CLAIMANT'S STATEMENT, receipt or release for the proceeds of said policy(ies), 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. The undersigned also authorize and direct any organization, agency, entity, or person to give and release any information regarding the policy (ies) to **NORTH CAROLINA MUTUAL FINANCIAL, LLC** and its/his successors and assigns, or anyone acting on their behalf. In reference to "the freedom of information act", the undersigned hereby grants **NORTH CAROLINA MUTUAL FINANCIAL, LLC** permission to obtain from the foresaid party(ies) all privacy act and freedom of information requested by it to process all insurance claims hereunder. I (we) agree that Etowah County, Alabama, shall be the irrevocable exclusive jurisdiction and venue for legal proceedings arising hereunder. The assignee(s) will be entitled to collect their costs (including attorneys' fees) in enforcing this assignment.

Claimant's Name (please print) _____ Claimant's Signature _____

Relationship to Deceased _____ Street Address _____

City, State, Zip _____ Claimant's SSN _____

Date of Birth _____ Telephone _____

STATE OF _____ COUNTY OF _____ I, the undersigned authority, a Notary Public in and for said county in said state, do hereby certify that whose name as such is signed to the foregoing, executed the same voluntarily on the same bears date.

This _____ day of _____, _____.

(Notary Public) My commission expires _____