

Trinity Funeral Funding, LLC

PO Box 31, Norwood, NJ 07648-0031
Phone: (201)-750-1117 / Fax: (201)-750-1142

IRREVOCABLE POWER OF ATTORNEY & ASSIGNMENT

Tax ID: 32-0385093
Email: Trinityfuneralfunding@gmail.com

INSURED/DECEDENT _____

INSURANCE COMPANY _____

INSURANCE POLICY NUMBER(S) _____

Date of Birth: ____ / ____ / ____ **Date of Death:** ____ / ____ / ____ **SS#:** _____

I/WE, THE undersigned beneficiary(ies) and/or claimant(s) legally entitled to the benefits from the above described insurance policy(ies) or employer/

union death benefit certificate(s), do hereby irrevocably assign, set over, convey, and transfer unto _____
(hereafter The "Funeral Home") c/o **Trinity Funeral Funding, LLC, PO Box 31, Norwood, NJ 07648-0031** (hereafter "TRINITY") its successors and

assigns, the sum of (\$ _____) _____ Dollars to be paid from the benefits of the above described policy(ies) or certificate(s). The consideration for this assignment is the value received from the Funeral Home for the funeral services rendered and/or any (additional) monies advanced to me/us for the above named decedent. I/We hereby authorize and empower the above named insurance company or employer/union to make payment of the sum specified herein, and any un-earned and returned premiums, and any Post-Mortem Claim Interest calculated from date of death thru date of claim payment to TRINITY. I/We hereby guarantees the validity and sufficiency of the foregoing irrevocable assignment to the Funeral Home /Cemetery and TRINITY, and I/we further guarantees to warrant title to the policy(s) and defend TRINITY against any claims. **I/We hereby irrevocably authorizes said Insurance Company and/or Employer to give Funeral Home/Cemetery and TRINITY all information that it may require regarding said policy(s). I/We hereby appoints TRINITY as their Attorney-in-fact and to act on their behalf with regard to the verification of, collection of, settlement of, and receipt of proceeds of said policy(s) or certificate(s), including but not limited to, giving TRINITY the right to endorse checks and all documents including claimant statement forms in my name.** The undersigned agrees to hold any proceeds received from the above described insurance policy(ies) or certificate(s) as trust funds for the payment due the Funeral Home and/or its successors and assigns. If this assignment is not honored in full, or it is determined to be invalid in whole or in part within ninety days from this date, the undersigned agrees to pay to TRINITY the full amount of this assignment, plus interest of 1.5% per month from the execution date. I/We shall remain indebted and liable and agree to pay all costs and legal expenses in connection with the pursuit and collection of this debt to the Funeral Home and/or its successors and assigns until payment of the sum specified herein is fully paid.

1) **Beneficiary's Name** _____ **Beneficiary's Signature** _____ **Social Security Number** _____

1) **Beneficiary's Address and Phone Number** _____ **Relationship** _____ **Date of Birth** ____ / ____ / ____

2) **Beneficiary's Name** _____ **Beneficiary's Signature** _____ **Social Security Number** _____

2) **Beneficiary's Address and Phone Number** _____ **Relationship** _____ **Date of Birth** ____ / ____ / ____

IRREVOCABLE REASSIGNMENT AND POWER OF ATTORNEY

Payment to be made to: Trinity Funeral Funding, LLC, PO Box 31, Norwood, NJ 07648-0031

ON BEHALF OF the Funeral Home for value received, the undersigned Funeral Director does hereby sell, re-assign, transfer, convey, and set over to **Trinity Funeral Funding, LLC**, all rights, title, and interest to the foregoing assignment and the insurance proceeds therein referred to and does hereby direct that **PAYMENT BE MADE TO: Trinity Funeral Funding, LLC, PO Box 31, Norwood, NJ 07648-0031.** The Funeral Home/Funeral Director appoints **Trinity Funeral Funding, LLC**, and its assigns as Attorneys-In-Fact to act for the Funeral Home/Funeral Director in the collection, settlement and receipt of the proceeds due from the above described policy(ies) or certificate(s) with authority to endorse checks as fully as if the Funeral Home/Funeral Director were to endorse the same, with full power of substitution. If this assignment is not honored in full, or it is determined to be invalid in whole or in part within ninety days from the date of execution the undersigned agrees to pay to Trinity Funeral Funding, LLC the full amount of this assignment, plus interest of one and one half percent per month from the execution date of this Assignment. The Funeral Home/Funeral Director shall remain indebted and liable and agree to pay all collection and legal expenses in connection with the pursuit and collection of this debt to **Trinity Funeral Funding, LLC** until payment of the sum specified in the foregoing assignment is fully paid.

PRINT: Name of Funeral Home Authorized Representative

SIGNATURE: Funeral Home Authorized Representative

SUBSCRIBED AND SWORN before me this ____ day of _____, 20____

Notary Public Signature and stamp or seal