Please complete all fields Form A

BENEFICIARY IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

File#: 30325

Insured: _____

Insurance Company: _____ and its successors or assigns

Policy Number(s)/ Insured Information: _____

Funeral Home: A Good Shepard Funeral Home (Oakland Park)

Funeral Owner: Dwayne Sheppard

Beneficiary(ies): _____

Assignment Amount: _____

The beneficiary(ies) named on the above insurance policy(s), or the person(s) responsible for funeral expenses or legally entitled to claim benefits, do hereby irrevocably assign and name **ELITE FUNERAL FUNDING GROUP, INC. • P. O. BOX 201012 • Dallas, TX 75320-1012** as the policy owner and beneficiary from this time forth to the above policy(ies), and transfer benefits in the sum of the assignment amount entered. Consideration has been given to me in that **Elite Funeral Funding** has paid my bill to the above funeral service provider and/or has advanced funds to me. I hereby authorize the insurance company to verify any information to **Elite Funeral Funding**, and release any information protected by HIPAA. Additionally I authorize the insurance company to pay proceeds directly to **Elite Funeral Funding**, and appoint **Elite Funeral Funding** or its officers as my power of attorney, including but not limited to, filing all claims, to complete documents required by the insurance company, including but not limited to claim forms, to make collection of, settlement of the above policy(ies), and to endorse any check pertaining to the above policy(ies) as well as to sue and collect proceeds of the above policy(ies). In the event proceeds are not tendered in full to **Elite Funeral Funding** within 90 days, I understand that I am liable for proceeds not paid to **Elite Funeral Funding** pursuant to this assignment, plus interest of 1.5% a month, and for any costs of collection, including but not limited to, reasonable attorney's fees and court costs. I certify that I am over 18 years of age. This assignment and power of attorney is complete and irrevocable. I hereby certify that the above policy has been lost or destroyed if not enclosed.

Acrobat Sign Test Document
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Beneficiary's Signature (sign as you would on a check)		**Relationship to Deceased**	**Social Security #**	
Date of Birth(must be over 18)	**Cell Phone**	**Home Phone**	**Work Phone**	
Address	**City**		**State**	**Zip**
Email Address:				

The foregoing Assignment was executed by the above name person(s), who is personally known to me or who have produced identification.

Notary Signature:_____ **Date:**_____ Notary Stamp or Seal

Please make sure all forms are signed, dated and notarized.
Each beneficiary must complete their own assignment (Form A) and claim form.