

North Carolina Mutual

FINANCIAL

Serviced by Kevin Smith

Date: _____

IRREVOCABLE ASSIGNMENT

Call Toll Free: 1-877-547-6998

Decedent _____

SS# _____

Insurance Co. _____

Amount Assigned \$: (plus applicable interest) _____

Policy Number(s) _____

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 _____ (hereinafter identified as the "funeral home") for funeral services and supplies for the burial of the decedent, and being indebted to the funeral home in the amount of \$ _____, does hereby set over, assign and transfer unto the funeral home 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 the funeral home for the assigned amount and to pay the remainder of the proceeds of said policy(ies) to the undersigned, and I do hereby release the Insurance Company from any other or further liability to the undersigned or the estate arising from the above-referenced insurance policy 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 agrees to pay the deficit to the funeral home 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 the Assignment, then the said proceeds shall be held in trust by me/us for the use of the holder of this instrument. NORTH CAROLINA MUTUAL FINANCIAL, LLC is a limited liability company owned by North Carolina Mutual Life Insurance Company. It is possible that the insurance policy assigned herein is a policy for which North Carolina Mutual Insurance Company, or Booker T. Washington Insurance Company, is responsible for payment as the insurer. The undersigned hereby appoints the funeral home and/or its 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 receive 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 the funeral home and/or its 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 fore said party(ies) all privacy act and freedom of information requested by it to process all insurance claims hereunder. I(we) agree that Durham County, North Carolina, shall be the irrevocable exclusive jurisdiction and venue for legal proceedings arising hereunder. The assignee(s) will be entitled to collect their costs (including attorney's fees) in enforcing this assignment.

CLAIMANT

CLAIMANT

CLAIMANT

Signature: _____

Name (Print): _____

SS# _____

Relationship: _____

Address: _____

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 day the same bears date. This the _____ day of _____, 20_____.

(Notary Public)

My commission expires _____

IRREVOCABLE RE-ASSIGNMENT TO: NORTH CAROLINA MUTUAL FINANCIAL, LLC

For value received, the undersigned do hereby irrevocably assign, transfer, convey and set over unto NORTH CAROLINA MUTUAL FINANCIAL, LLC, as our attorney in fact, hereby ratifying, confirming and approving all that our said attorney may do by virtue hereof. The undersigned also irrevocably appoints NORTH CAROLINA MUTUAL FINANCIAL, LLC and its assigns as its attorney in fact to act for it with full power to make collection of, compromise, settle and receive the proceeds of said policies or certificates and the authority to endorse checks as fully as it could do, with full power of substitution. This power of attorney shall be irrevocable, and coupled with an interest. I also direct that payment be made directly and solely to NORTH CAROLINA MUTUAL FINANCIAL, LLC. In the event that any payments of proceeds are made by the insurance company, or its agent to me, erroneously, subsequent to the execution of this Re-Assignment to NORTH CAROLINA MUTUAL FINANCIAL, LLC then I agree to hold the proceeds in trust to immediately pay the proceeds to NORTH CAROLINA MUTUAL FINANCIAL, LLC as herein provided. On behalf of myself and the funeral home, it is agreed that Durham County, North Carolina, shall be the irrevocable exclusive jurisdiction and venue for legal proceedings arising hereunder and this assignment will be interpreted under North Carolina law. The assignee(s) will be entitled to collect their costs (including attorneys' fees) in enforcing this assignment.

PRINT

FUNERAL HOME _____

AUTHORIZED FUNERAL HOME DIRECTOR _____

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 day the same bears date. This the _____ day of _____, 20_____.

(Notary Public)

My Commission Expires _____

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AFFIDAVIT OF LOST POLICY

Deceased Name: _____ Insurance Company: _____

I, (We), _____ of lawful age, state that the contract(s) on Policy numbers: _____, _____, _____, _____, _____, have been lost or destroyed and not in my possession; and said policy (ies) are not assigned or pledged except to _____ in any way whatsoever, that I, (we) am (are) the beneficiary (ies) under said policy which became a claim due to the death of the aforesaid insured.

Beneficiary: _____

Date: _____

Witness: _____

Date: _____

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Affidavit of No Estate

I, _____, do state that, _____,
died on _____, leaving no will and no executor or
administrator has been or will be appointed to the estate. Funeral expenses total
\$_____ and I am responsible for these expenses.

Beneficiary: _____

Date: _____

Witness: _____

Date: _____

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SAME NAME AFFIDAVIT

Insurance Company: _____

I, _____, do state that _____

and _____ are one and the same person.

I am listed as beneficiary on policy number _____,

issued to _____.

Beneficiary: _____ **Date:** _____

Witness: _____ **Date:** _____