



VERIFICATION FORM

FUNERAL HOME _____ CONTACT _____

AMOUNT OF ASSIGNMENT _____

NAME OF DECEASED _____ SS# _____

DATE OF DEATH _____ DATE OF BIRTH _____

CITY/STATE OF DEATH _____

CAUSE OF DEATH (CIRCLE ONE) NATURAL ACCIDENTAL HOMICIDE SUICIDE

INSURED, IF DIFFERENT FROM DECEASED _____

INSURANCE COMPANY _____

ADDRESS _____

POLICY# _____ TELEPHONE # _____

GROUP (EMPLOYER) _____

ADDRESS _____

GROUP# _____ TELEPHONE # _____

BENEFICIARY _____

RELATIONSHIP TO DECEASED _____

IF BENEFICIARY IS DECEASED:

DATE OF DEATH _____ DATE OF BIRTH _____

CITY/STATE OF DEATH _____

*A COPY OF THE CERTIFIED DEATH CERTIFICATE FOR THE BENEFICIARY MUST BE PROVIDED.



IRREVOCABLE ASSIGNMENT

DECEDENT: _____
INSURANCE COMPANY: _____
INSURANCE POLICY NUMBER(S): _____ **(hereinafter "policy")**
FACE VALUE OF POLICY(IES): _____

FOR VALUE RECEIVED the undersigned person(s) equitably or legally entitled to the benefits under the above described policies, hereby irrevocably assigns, sets over, conveys and transfers to _____ (hereinafter "FH") **6145 WEDGWOOD DR., FORT WORTH, TX 76133**, its successors and assigns the sum of \$ _____ which is to be paid from the benefits, any refund of premium(s) and interest of the above-mentioned policies. The consideration for this Irrevocable Assignment is the FH rendering funeral services in the burial of the above-named decedent which services have been specifically ordered and accepted by me/us and/or additional monies advanced to me/us for my/our personal benefit. The undersigned hereby irrevocably authorizes and directs insurance company to give the FH or its assigns any information that it may require regarding said policies. The undersigned hereby irrevocably authorizes the above-named insurance company to make payment of the sum specified herein to the FH or its assigns on its order. The undersigned hereby irrevocably appoints the FH or its assigns as my/our Attorney-in-Fact to act for me/us with full power to make collection of, compromise, settle and receipt for the proceeds of said policies in my/our names or otherwise with authority to endorse checks as fully as I/we myself/ourselves could do, with full power of substitution and revocation hereby ratifying and confirming all that my/our attorneys or their substitutes may do or cause to be done by virtue of the authority and direction given herein. In the event that any payment is made to me/us for the policies subsequent to the execution of this Assignment, such proceeds shall be delivered in the original form received to the FH or its Assigns; such proceeds will not be commingled with any of our other funds or property but will be held separate and apart therefrom and upon an express trust until delivery thereof is made to the FH or its assigns. This Assignment shall be governed by and construed under the laws of the State of Texas and I/we hereby expressly consent and agree to personally submit to the jurisdiction of all levels of any and all State and Federal Courts located in Tarrant County, the State of Texas, arising out of any and all litigation which occurs as a result of any dispute regarding this Assignment or any Reassignment. I/we agree to pay all costs, expenses, and reasonable attorney's fees incurred in enforcing any of the covenants and provisions of this Assignment and incurred in any action brought against me/us on account of the provisions hereof. On demand, the undersigned promises to pay to the order of FH or its Assigns \$ _____ with interest at the rate of 9% per annum, after this date until paid. I/We warrant and represent individually, jointly, and severally that I/We have not heretofore assigned any of the proceeds of the policy to any person(s) or entity(ies) whatsoever. Notwithstanding, I/We hereby revoke any and all other prior assignments made by me/us of the proceeds, or any portion thereof, of the above captioned policy(ies) to any and all other prior assignments made by me/us of the proceeds, returned premiums or any portion thereof, of the above captioned policy(ies) to any person(s) or entity(ies) whatsoever. In the event that any payment is made to me/us for the above-mentioned policy(s) that is in excess of the assigned amount, the undersigned hereby agrees that FH, or its successors and assigns, will place the excess amount into a non-interest bearing reserve account until such time as the undersigned and FH agree in writing to its distribution. The undersigned also authorizes and directs any organization, agency, entity or person to give and release any information regarding the above-mentioned policy(s) to FH, its successors and assigns, or anyone acting on their behalf, and grants the FH, its successors and assigns, permission to obtain any information pursuant to HIPPA and/or the Freedom of Information Act that is requested in order to process all insurance claims hereunder. IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HANDS AND SEALS THIS _____ DAY OF _____, 20 _____.

BENEFICIARY'S SIGNATURE & RELATIONSHIP

BENEFICIARY'S SIGNATURE & RELATIONSHIP

IRREVOCABLE REASSIGNMENT

FOR VALUE RECEIVED, the undersigned does hereby assign, transfer, convey and set over unto LINCOLN FINANCIAL COMPANY, ("LFC") its successors and assigns, all of our right, title and interest in and to the within Note Payable And Irrevocable Assignment, and the insurance proceeds therein referred to, and do hereby direct that payment be made to LFC hereby ratifying, confirming and approving anything that the said LFC may do by virtue of the authority and direction given herein. The undersigned also irrevocably appoints LFC and its assigns, as its Attorney-in-Fact to act for it with full power to make collection of, compromise, settle and receipt for the proceeds of said policies or certificates and the authority to endorse checks as fully as it could do, with full power of substitution. In the event that any payment is made to me/us for the policies subsequent to the execution of this Irrevocable Reassignment, such proceeds shall be delivered in the original form received to LFC; such proceeds will not be commingled with any of our other funds or property but will be held separate and apart therefrom and upon an express trust until delivery thereof is made to LFC or its assigns. This assignment shall be governed by and construed under the laws of the State of Texas and I/we hereby expressly consent and agree to personally submit to the jurisdiction of all levels of any and all State and Federal Courts located in Tarrant County, the State of Texas, arising out of any and all litigation which occurs as a result of any dispute regarding this Irrevocable Reassignment. I/We agree to pay all costs, expenses, and reasonable attorney's fees incurred in enforcing any of the covenants and provisions of this Irrevocable Reassignment and incurred in any action brought against me/us on account of the provisions hereof. On demand, the undersigned promises to pay to the order of LFC \$ _____ with interest at the rate of 24% per annum, after this date until paid. As security for this Irrevocable Reassignment, we agree to grant LFC a security interest to the maximum extent permitted by law in all of the following collateral, whether in existence as of the date hereof or created or acquired hereafter, and in all proceeds thereof: All of our accounts and personal property and fixtures (including but not limited to chattel paper, instruments, general intangibles, documents and goods in which borrower has any interest). In the event that any payment is made to LFC for the above-mentioned policy(s) that is in excess of the assigned amount, the undersigned hereby agrees that LFC or its successors and assigns, will place the excess amount into a non-interest bearing reserve account until such time as the Beneficiary(s) and FH agree in writing to its distribution. In the event that no payments are received by LFC within ninety (90) days of the reassignment, then the undersigned does hereby unconditionally and irrevocably guaranty to fully and promptly pay LFC the amount of the reassigned benefits immediately upon demand. There shall be no duty or obligation upon LFC to proceed against the insurance company, to initiate any proceeding or exhaust any remedies against the insurance company, or to give any notice to the undersigned before bringing suit or exercising any rights or instituting proceedings of any kind against the undersigned. IN WITNESS WHEREOF, we have hereunto set our hands and seals this _____ day of _____, 20 _____.

NAME OF FUNERAL HOME

FUNERAL DIRECTOR'S SIGNATURE

On _____/_____/200____, before me, _____, a Notary Public, personally appeared _____, beneficiary(ies) and _____, funeral director(s) who acknowledge themselves to be the persons whose names are subscribed to the within instrument. IN WITNESS WHEREOF, I hereunto set my hand and official seal.

 NOTARY PUBLIC

By accepting this assignment you agree that for a period of three (3) years from the date of this assignment, you shall not, without the prior written approval of an officer of LINCOLN FINANCIAL COMPANY, (i) call upon and/or induce a funeral home and/or a funeral director using the services of LINCOLN FINANCIAL COMPANY for the purpose of soliciting and/or selling or providing services that are competitive with LINCOLN FINANCIAL COMPANY to that funeral home and/or funeral director or (ii) induce any funeral home and/or funeral director using the services of LINCOLN FINANCIAL COMPANY to terminate or curtail in any fashion its business dealings with LINCOLN FINANCIAL COMPANY. This does not include the selling of pre-need insurance.



STANDARD LIFE INSURANCE CLAIM FORM

INSURANCE COMPANY: _____

1. POLICIES UNDER WHICH CLAIM IS BEING MADE:

Policy Number

Date of Issue

2. DECEASED: _____

3. DATE OF DECEASED'S BIRTH: _____ DATE OF DEATH: _____

4. PLACE OF DEATH: _____

5. CAUSE OF DEATH: **SEE DEATH CERTIFICATE**

6. NAME OF CLAIMANT: _____

7. ADDRESS OF CLAIMANT: _____

8. SOCIAL SECURITY NUMBER OF CLAIMANT: _____

9. CLAIMANT'S RELATIONSHIP TO DECEASED: _____

10. CLAIMANT'S DATE OF BIRTH: _____

11. WHY ARE YOU CLAIMING INSURANCE PROCEEDS? **BENEFICIARY OF POLICY**

12. **CLAIM IS ASSIGNED TO LINCOLN FINANCIAL COMPANY, 6145 WEDGWOOD DR., FORT WORTH, TX 76133 IN THE AMOUNT OF \$** _____

13. OCCUPATION OF DECEASED: **SEE DEATH CERTIFICATE**

14. NAME OF LAST EMPLOYER: **SEE DEATH CERTIFICATE**

15. WHEN WAS HEALTH OF DECEASED FIRST AFFECTED: **SEE DEATH CERTIFICATE**

16. DURATION OF LAST ILLNESS: **SEE DEATH CERTIFICATE**

17. WAS AN AUTOPSY PERFORMED? **SEE DEATH CERTIFICATE**

18. WAS CORONER'S INQUEST HELD? _____ (attach copy of report)

19. NAME AND ADDRESS OF PHYSICIAN(S) CONSULTED DURING LAST ILLNESS: _____

20. IF POLICY IS LESS THAN TWO YEARS OLD, NAME AND ADDRESSES OF ALL PHYSICIANS CONSULTED DURING THE PAST TWO YEARS: _____

I hereby certify that the answers to questions set forth above are complete and true to the best of my knowledge and belief.

X _____ SIGN HERE

Witness

X _____ SIGN HERE

Signature of the Claimant

AUTHORIZATION TO GIVE OUT INFORMATION

TO WHOM IT MAY CONCERN: Upon presentation of this form, or a photostatic copy thereof which is a valid as the original, you are authorized and directed to disclose to _____ or its representatives, or to give as evidence in any legal proceeding to which said Company is a party, any records, information, knowledge or belief you may have relating to the employment, membership, health, medical, psychiatric or surgical history, treatment, or hospitalization, or cause of death including any autopsy report pertaining to the named deceased. To facilitate rapid submission of such information, you are authorized to give such records or knowledge to any agency employed by the INSURANCE COMPANY to collect and transmit such information.

DATE: _____ DECEASED: _____

CLAIMANT: _____

RELATIONSHIP: _____

X _____ SIGN HERE

Witness

X _____ SIGN HERE

Signature of the Claimant



UNIVERSAL AFFIDAVIT FOR LOST POLICY

I (We), the undersigned, hereby certify and upon oath represent that Policy number _____ issued on the life of _____, insured, on the ____ day of _____, _____, has been lost or destroyed and that said policy is not assigned, hypothecated or pledged except to **LINCOLN FINANCIAL COMPANY, 6145 WEDGWOOD DR, FORT WORTH, TEXAS 76133** in any way whatsoever; that I (we) the undersigned, am (are) the beneficiary under said policy, and that this policy became a claim due to the death of the aforesaid insured, on the ____ day of _____, 20___. It is distinctly understood and agreed that should the original policy be found, it is to be returned to the _____ Life Insurance Company its successors or assigns.

I (We) further agree that if any other person should surrender the policy to the INSURANCE COMPANY and make demand for payment therefore from the company claiming to own the policy by virtue of a gift of said policy from the insured to such other persons during the lifetime of the insured and should a Court of Law or Equity Judicially determine that such other person or persons rather than the undersigned is entitled to be paid the proceeds of this policy then in that event, I (we) agree to reimburse said company for the amount so paid to the undersigned.

Signature

Signature



STATE OF _____)
) SS
COUNTY OF _____)

AFFIDAVIT OF THE FUNERAL DIRECTOR

_____, being duly sworn,
on oath deposes and says:

1. I am the Funeral Director of _____ and I serviced the interment of _____, deceased.

2. On _____, he/she died and I performed the services for the named deceased at the request of the beneficiary (ies) of the insurance policy issued by _____ Life Insurance Company.

3. The decedent's primary cause of death was natural or accidental.

4. The beneficiary (ies) of decedent's insurance policy (ies) has assigned the proceeds to **LINCOLN FINANCIAL COMPANY, 6145 WEDGWOOD DRIVE, FORT WORTH, TEXAS 76133** (irrevocable assignment attached).

5. Since the death certificate is not yet available, I am submitting this affidavit and the attached obituary and/or program in lieu thereof.

6. I shall forward the death certificate immediately upon its availability.

◀ SIGN HERE

FUNERAL DIRECTOR

Subscribed and sworn to before me this ____ day of _____ 20__.

◀ SIGN HERE

NOTARY PUBLIC

My commission expires