Directors' Funding Source 10603 Holly Springs Houston, Texas 77042

1-866-277-4212 Toll free 1-713-481-0280 Fax dfs@directorsfunding.com

IRREVOCABLE $\underline{\text{RE}}$ ASSIGNMENT

	Funeral Home Funeral Director				
	Insurance Company			and its successors and assigns	
Life Insurance Policy Number(s)					
	Reassignment Amount \$		_		
under authorized authorized authorized agreed Reas under paid follor there paper pron shall processing the processing authorized authorized agreed paid follorized agreed paid follorized authorized a	uccessors and assigns, all rights, title, or signed direct payment of same be maderity given herein. The undersigned irrelate collection of, settle, and take receipt or ty to endorse checks with full substitute ocable Reassignment, such proceeds she to personally submit to the jurisdiction as, all matters and all litigation arising of est to bear all costs, expenses, and reason assignment, including those incurred in assignment, including those incurred in assigned promises to pay \$\frac{1}{2}\$. This Irrevocable Reassignment shall wing collateral, whether in existence as for, including, but not limited to, the follow, instruments, general intangibles, door If no payments are received by DF aptly pay DFS the entire amount of the be construed to impose any duty and	and interest in the Irrevel de to DFS and ratify, conservocably appoints DFS and to of the applicable policy(in ution power. If any paymall be delivered in the original of all levels of any and all ut of or relating to any distribution brought against to the order of DF be secured by granting DEs of the date that this assistance and goods in which be secured by granting DES within ninety (90) days reassigned benefits immedd/or obligation upon DF ersigned before bringing su	ocable Assignment, afirm, and approve a dits assigns, as its A es)'s proceeds. The ment is made for the ginal form received all State and Federal pute regarding this led to enforce all prome/us on account S with interest at the DFS an interest to the gnment is executed, sonal property, and prover has any interest of the reassignment diately upon demant S to proceed against, or exercising any	t, the undersigned does hereby guarantee to d. Nothing contained in this Reassignment ast the insurance company, to initiate any right, or instituting proceedings against the	
XX					
Nan	ne of Funeral Home		Funeral Directo	or's Signature	
ther	On//20, before me, a Notary Public, personally appeared 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				
X		NOTARY PUBL	JC		