

**Directors' Funding Source**  
10603 Holly Springs  
Houston, Texas 77042

1-866-277-4212 Toll free  
1-713-481-0280 Fax  
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## IRREVOCABLE ASSIGNMENT

Beneficiary(s): \_\_\_\_\_ Insured \_\_\_\_\_  
Beneficiary Address \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ and its successors and assigns  
Policy Number(s) \_\_\_\_\_ Amount \_\_\_\_\_

FOR VALUE RECEIVED, the undersigned affirms that they are legally entitled to policy benefits from the insurance provider via the policy listed above. The undersigned hereby irrevocably assigns and transfers to \_\_\_\_\_ (hereinafter "FH") 10603 Holly Springs, Houston, Texas 77042, its successors and assigns the sum of \$\_\_\_\_\_ which is to be paid from the benefits including any refund of premiums, and interest. The consideration shall be the FH's rendering of funeral services of the above-named decedent, which have been ordered and accepted by me/us, and/or additional funds advanced to me/us for my/our personal benefit. The undersigned irrevocably authorizes and directs the insurance company listed above to transmit to the FH, or its assigns, any information that it may require regarding the above policy. The undersigned irrevocably authorizes the above-named insurance company to make payment of the sums not to exceed the amounts specified herein to the FH or its assigns. The undersigned 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, settle, and take receipt of any and all policy proceeds in my/our names with authority to endorse checks with full substitution and revocation power. The undersigned hereby confirms that my/our attorneys, may act or cause to be done by virtue of the authority and direction given herein. If any payment is made to me/us on the policies subsequent to this Assignment's execution, such proceeds shall be held separate from any other funds and shall be delivered as received to the FH or its Assigns. The Parties expressly consent and agree to personally submit to the jurisdiction of all levels of any and all State and Federal courts located in Harris County, the State of Texas, all matters and all litigation arising out of or relating to any dispute regarding this Irrevocable Assignment. The law of the State of Texas shall apply in any proceeding arising out of or related to any dispute involving this Assignment. 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 incurred in any action brought against me/us on account of its provisions. 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 fully paid. I/We warrant, jointly and severally that I/We have not previously assigned any proceeds of the policy to any other persons(s) or entity(ies). I/We revoke any and all other prior assignments made by me/us of the proceeds of the above styled policy(ies). In the event that any payment is made to me/us for the above-styled policy(s) in excess of the amount assigned, the undersigned agrees that FH, and/or its successors and assigns, and/or anyone acting on their behalf, shall be entitled to same. The undersigned grants the FH, its successors, and assigns, full 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.

IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HANDS AND SEALS THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

X \_\_\_\_\_  
*Beneficiary's Signature & Relationship*

X \_\_\_\_\_  
*Beneficiary's Signature & Relationship*

On \_\_\_\_/\_\_\_\_/20\_\_\_\_, before me, \_\_\_\_\_ a Notary Public, personally appeared \_\_\_\_\_ beneficiary(ies) 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 PUBLIC