

Assignment Directions

- 1) Have ALL beneficiary (s) sign the Irrevocable Assignment & notarize signatures.**
- 2) Complete Irrevocable Reassignment and notarize signature.**
- 3) Fax Irrevocable Assignment , Reassignment, and Copy of Funeral Bill to (276) 632-1408 or toll free (866) 383-4140**
- 4) Once the policy (s) has been verified by our staff, we will contact you with the confirmed benefits and the amount payable to the funeral home. ABM Funding will then deposit the funds into the funeral home account.**
- 5) Almost all insurance companies require their claimant form to be filled out and signed by the beneficiary (s). When possible, we will provide you with a claimant statement if you do not have one. Most claim forms are available on our website www.abm-funding.com.**
- 6) Immediately upon the receipt of the death certificate, mail the original documents to ABM Funding.**

Mail originals to:

ABM Funding, Inc.

P.O. Box 5466

Martinsville, VA 24115

ABM | FUNDING, INC.

P.O. Box 5466
Martinsville, VA 24115

Phone (800) 423-7817
Fax (276) 632-1408

PAYMENT AUTHORIZATION

I hereby authorize ABM Funding, Inc. to credit my account at the Financial Institution specified below, or to mail a check to the desired address.

This authority is to remain in full force and effect until ABM Funding, Inc. receives written notification to do otherwise. If funds to which I am not entitled are deposited to my account, I authorize ABM Funding, Inc. to direct the below named financial institute to return said funds to ABM Funding, Inc., 755 E. Church St., P.O. Box 5466, Martinsville, VA 24115.

FUNERAL HOME INFORMATION: (please print or type)

NAME _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

CONTACT PERSON _____

PLEASE CHECK METHOD OF PAYMENT PREFERRED:

ACH TRANSFER (Free of charge, takes one business day to show in account)

WIRE TRANSFER (Bank charges a \$15 Fee, goes into account same day)

Complete the section below if you checked ACH Transfer or Wire Transfer.

Please confirm with your bank that the routing number is correct. The numbers can vary between ACH routing numbers and Wire routing numbers.

ACCOUNT NUMBER _____ DATE _____

BANK NAME & ADDRESS

BANK TELEPHONE NUMBER _____

ROUTING NUMBER _____ INCORPORATED Yes ___ No ___

(Please include a copy of a voided check)

CHECK MAILED TO ESTABLISHMENT (address listed above)

Date: _____

ABM | FUNDING, INC

Business (800) 423-7817 Fax (276) 632-1408
755 E. Church St. P.O. Box 5466
Martinsville, VA 24115
www.abm-funding.com

IRREVOCABLE ASSIGNMENT

Decedent _____

SS# _____

Insurance Co. _____ **Policy Number(s)** _____

(Please list only one insurance company per assignment) **Policy Number(s)** _____

Policy Number(s) _____

Policy Number (s) _____

Total Amount Assigned:

\$ _____

(Plus Applicable Interest)

The undersigned being entitled to receive the benefits of the policies described above issued or reinsured by the insurance company/companies 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 including cash advances, and being indebted to the Funeral Home do hereby set over, assign and transfer unto the Funeral Home the above stated assigned amount, plus applicable interest from the date of decedent's death as provided by state law, out of the proceeds of said insurance policies. I/we hereby authorize and direct the insurance company to make its check or checks payable to the Funeral Home for the assigned amount and to pay the remainder of the proceeds of said policies to the undersigned (jointly and severally, if more than one). I/we do hereby release the above insurance companies from any other or further liability to the undersigned or the estate of the decedent (except as to policy amounts in excess of the above described assignments, if any) upon payment to the Funeral Home or its assignee or their successors or assigns. In the event the settlement amount on the policy(s) is less than the amount of the assignment specified above, the undersigned (jointly and severally, if more than one), agree 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 policies subsequent to the execution of this assignment, then the said proceeds shall be held in trust by me/us for the benefit of the Funeral Home or its assignee. The undersigned hereby appoints the Funeral Home and its successors and assigns, as our attorney in fact, which POWER OF ATTORNEY is irrevocable and is coupled with an interest, to act for the undersigned with full power to make collection of, compromise, settle and to endorse or receipt in our names or otherwise, any check, draft, claimant's statement, receipt or release for the proceeds of said policies, as fully to all intents and purposes as I myself/we ourselves could do, hereby ratifying and confirming all that my/our said attorney-in-fact may do or cause to be done by virtue hereof. The undersigned also authorize and direct any organization, agency, official, medical services provider, entity, or person including, without limitation, the insurance companies listed above, to give and release any information regarding the policies to the Funeral Home and its successors and assigns, or anyone acting on its or their behalf. The undersigned hereby grant(s) ABM FUNDING, INC. permission to obtain from any and all of the aforesaid parties any and all information and documentation including, without limitation, a death certificate for the decedent, necessary to process, verify or prove all claims under the insurance policies. To the fullest extent permitted by law, the undersigned waive(s) all rights to privacy in such information and documentation and agree to execute, if necessary, a waiver as to the health records of the decedent under Virginia Code §32.1-127.1:03. I/we agree that Martinsville, Virginia, shall be the irrevocable exclusive jurisdiction and venue for legal proceedings arising hereunder. The assignees(s) will be entitled to collect their costs (including reasonable attorneys' fees) in enforcing this assignment. This assignment will be interpreted under Virginia law.

Limited Power of Attorney:

I/we named below do hereby grant a limited power of attorney to ABM Funding, Inc. to request any number of Certified Death Certificates for the deceased here above written from the issuing state authority. These certificates will only be used to facilitate the timely insurance settlement on the policies here above named. We also agree that any charge for such death certificate(s) may be charged back and will be deducted from the settlement amount from the insurance policies here above named.

CLAIMANT

(If multiple claimants, complete separate Irrevocable Assignment Forms)

Signature: X _____

Address: _____

Name (Print): _____

Date of Birth for claimant: _____

Social Security Number: _____

Telephone: _____

Relationship to insured: _____

I, the undersigned Notary Public in and for the said county in said state, do hereby certify that the foregoing claimant executed this assignment on this the ____ day of _____, 20____.

X _____ (Notary Public)

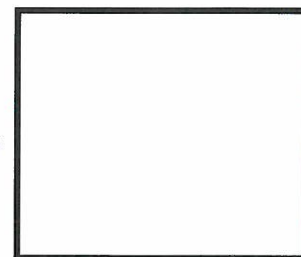
State of _____

Notary stamp or seal:

County of _____

Registration No. _____

My commission expires _____



IRREVOCABLE RE-ASSIGNMENT TO: ABM FUNDING, INC.

For value received, the undersigned does hereby irrevocably assign, transfer, convey and set over unto ABM FUNDING, INC., P.O. Box 5466, Martinsville, VA 24115, its successors and assigns, all of its rights, interest, title, and claim in and to the assignment attached hereto and the underlying insurance policies as set forth in that assignment, and hereby irrevocably appoints ABM FUNDING, INC., and its successors and assigns, as the undersigned's 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 of insurance assigned thereby and the authority to endorse checks as fully as it could do if issued in its own name, with full power of substitution, and hereby ratifies, confirms and approves all that our said attorney-in-fact may do by virtue hereof. This power of attorney shall be irrevocable, and coupled with an interest. The undersigned also directs that payment of the policies pursuant to the assignment be made directly and solely to ABM FUNDING, INC. In the event that any payments of proceeds are made by the insurance companies, or their agent, to the undersigned, erroneously, subsequent to the execution of this re-assignment to ABM FUNDING, INC., the undersigned agrees to hold the proceeds in trust for the benefit of, and to immediately pay the proceeds to, ABM FUNDING, INC. as herein provided. In the event ABM FUNDING, INC. does not receive the full proceeds from the below insurance policy or certificates, Funeral Home and its Director assume responsibility for full payment, plus 1.5% monthly interest, and all costs of collection, whether an action be brought or not. The undersigned agrees that the exclusive jurisdiction for legal proceeding hereunder is Martinsville City, Virginia. On behalf of the undersigned, it is agreed that Martinsville, Virginia, shall be the irrevocable exclusive jurisdiction and venue for legal proceedings arising hereunder, and this re-assignment will be interpreted under Virginia law. The assignee(s) will be entitled to collect their costs (including reasonable attorneys' fees) in enforcing this re-assignment. The undersigned funeral home director represents that he/she is authorized to act on behalf of the funeral home.

PRINT NAME

X _____

FUNERAL HOME

AUTHORIZED FUNERAL HOME DIRECTOR SIGNATURE

I, the undersigned Notary Public in and for said county in said state, do hereby certify that the foregoing executed this re-assignment on this the _____ day of _____, 20____.

X _____ (Notary Public)

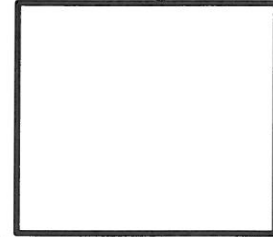
State of _____

Notary stamp or seal:

County of _____

Registration No. _____

My commission expires _____



IMMEDIATE APPROVAL FORM

DECEASED INFORMATION

Deceased Name: (As It Appears on Policy) _____ SS #: _____

Date of Birth: _____ Date of Death: _____

Cause of Death: Natural Homicide Accident Other Pending Death Certificate: Yes No Unsure

If death occurred before turning the age of 60, please state cause of death: _____

Policy Available? _____ Policy Lost? _____ (if lost, please complete Lost Policy Affidavit)

POLICY INFORMATION

Insurance Co. _____ Policy #1: _____

(Please list only one insurance company per re-assignment)

Policy # 2: _____

Policy # 3: _____

Policy #4: _____

NOTE: If you have verified this claim, please furnish the phone numbers you called for each insurance company and your contact, if there is one.

TOTAL AMOUNT OF ASSIGNMENT: \$

NOTE: Upon receipt of the above information, we will begin our approval process. As soon as approved, you will be notified.
NO PAYMENT WILL BE ISSUED UNTIL FULL DOCUMENTATION IS RECEIVED.

ABM FAQs

Q. What paperwork is required to file a claim?

A. Initially we require faxed or e-mailed notarized Assignment, Re-assignment, and funeral bill. That is all that is needed to start the process. If the insurance company requires additional information prior to verification, we will call and request this from you.

Q. How fast will I receive payment after I submit a claim?

A. Providing accurate information on assignment documents will speed up the process of verification. You can expect to be paid immediately after verification of the policy.

Q. How do I know when I have been paid?

A. ABM will fax or e-mail the funeral home/cemetery a confirmation of payment sheet once the transaction has been initiated.

Q. How will I receive payment?

A. ABM can provide funds through checks, ACH transfers or wire transfers. Checks mailed through regular first class mail are processed without an additional charge. ACH transfers are also free and funds are available one business day after the transfer has been initiated. Same day wire transfers are available for a fee. We encourage you to choose ACH transfers or wire transfers to eliminate delays often experienced with mailing services.

Q. Do you require a death certificate in order for me to be paid?

A. Not usually. For most claims a certified death certificate is not required prior to ABM providing funding.

Q. Does the funeral home need to mail all original assignment documents?

A. Once you have been funded, your payment confirmation sheet will provide a list of the documents we need in order to process the assignment. This will also tell you whether a faxed document is sufficient.

Q. Is there anything I need to know about document requirements?

A. Required documents depend on the insurance company. It is important to note that separate Assignment and Re-assignment forms are required for each insurance company. If multiple insurance companies are involved, we may need multiple original death certificates. Assignment and Re-assignment forms cannot be altered. If we submit a document for verification and something changes (amount, beneficiary, etc) then you will need to get new forms. Most insurance companies will not accept altered documents or documents with white-out on them.

Q. Once I have submitted paperwork to ABM, how long before it is sent to the insurance company?

A. We submit paperwork to the insurance company the same day we receive it from you.

Q. When will the family receive their proceeds if there is more on the policy than is assigned?

A. ABM will submit all required documents so the family will receive their funds at the same time ABM is paid.

Q. Will ABM fund for more than the funeral cost?

A. If the insurance company allows assignments for more than the funeral bill, ABM will fund the full policy.

Q. Does ABM fund Group policies?

A. ABM will fund Group policies but the verification process will generally take longer.

Q. What happens when the beneficiary is a minor?

A. ABM cannot fund policies when the beneficiaries are minors. If there are multiple beneficiaries, ABM can fund portions belonging to "of age" beneficiaries if the insurance company approves the partial assignment.

Q. Will ABM pay on contestable policies?

A. No.

Q. Will ABM pay if the death certificate will be pending?

A. ABM will pay on pending claims depending on the circumstances. An example of this would be if the death is due to a drug overdose and the cause of death will be pending. ABM will pay 75% of the claim up-front, the additional 25% will be paid to the funeral home once we receive the death certificate with a final cause of death.