

IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

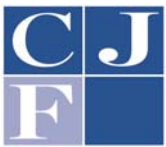
Insurance Company		Policy Number (s)		Deceased / Insured	
Beneficiary(s) Name	Address, City, State, Zip	Date of Birth	Social Security #	Phone #	Email
Funeral Home and /or Cemetery				Total Amount Assigned	
				\$	

This Irrevocable Assignment is made between Beneficiary above and the Funeral Home/Cemetery above. In consideration for the Funeral Home/Cemetery providing services in the burial of the above Insured, said services having requested and accepted by Beneficiary and/or additional funds have been advanced and paid to the Funeral Home/Cemetery and/or the Beneficiary by C&J Financial, LLC. The undersigned irrevocably assigns to the Funeral Home/Cemetery, the above Assignment Amount, plus statutory interest from deceased's date of death until claim paid plus any unearned premiums. Beneficiary hereby guarantees the validity and sufficiency of the foregoing irrevocable assignment to the Funeral Home /Cemetery and C&J, and Beneficiary further guarantees to warrant title to the policy(s) and defend C&J against any claims on the policy(s). Beneficiary hereby irrevocably authorizes said Insurance Company to make payment of the sum specified above, plus statutory interest and unearned premiums to C&J Financial, LLC. **Beneficiary hereby irrevocably authorizes said Insurance Company to give Funeral Home/Cemetery or C&J any information that it may require regarding said policy(s). Beneficiary hereby appoints C&J as their Attorney-in-fact and to act on their behalf with regard to the collection of, settlement of, and receipt of proceeds of said policy(s) or certificate(s), including but not limited to, giving C&J the right to endorse checks and claimant statement forms in my name.** If, for any reason, C&J does not receive full payment within 90 days I agree to immediately pay C&J the amount of its loss on the assignment. If for any reason it becomes necessary for C&J to proceed against me, I understand that I am liable for all costs of collections, including but not limited to, reasonable attorney's fees, and court costs. I agree that the exclusive jurisdiction for legal proceedings hereunder is Salt Lake County, Utah. **In the event the policy(s) is not enclosed, I certify that the policy(s) has been lost or destroyed.**

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
1st Beneficiary's Signature	Relationship to Deceased	2nd Beneficiary's Signature
3rd Beneficiary's Signature	Relationship to Deceased	4th Beneficiary's Signature

The foregoing Assignment was executed by _____, who is personally known to me or who has produced identification.
BENEFICIARY'S NAME

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
NOTARY PUBLIC SIGNATURE	DATE	NOTARY STAMP OR SEAL



IRREVOCABLE REASSIGNMENT AND POWER OF ATTORNEY
To: C&J Financial, LLC · P. 256.442.0020 F. 256.442.0107 · www.CJF.com
Mail Payments to: P.O. Box 57250 · Salt Lake City, UT 84157-0250
 All Other Correspondence: P.O. Box 7070 · Rainbow City, AL 35906

The undersigned representative and funeral home or cemetery (collectively "the Funeral Home") irrevocably reassigns to **C&J Financial, LLC, P.O. Box 7070, Rainbow City, AL 35906** or assigns, all of its interest in the above Assignment and further appoints C&J to act as its Attorney-in-fact with regard to the collection of, settlement of, and receipt of the proceeds as said policy(s) or certificate(s) noted above, including but not limited to, the right to endorse checks. Any payment made by C&J to the Funeral Home pursuant to this Assignment agreement is without recourse, except where the assignment or funding was procured by fraud on the part of the Funeral Home. The Funeral Home hereby authorizes the above Insurance Company to issue a check(s) directly to C&J Financial. In the event that any payments of proceeds are made by the Insurance Company, its agent or the beneficiary (ies) to the Funeral Home, the Funeral Home agrees to hold the proceeds in trust and to immediately pay the proceeds to C&J within 10 days, without necessity of any request to so pay the funds. The Funeral Home further agrees that upon request by either C&J or the Insurance Company it will promptly provide all documents, material or information identified and needed to process a claim on the decedent's policy. Funeral Home shall be liable to C&J for any attorney's fees and costs C&J incurs in having to enforce any of the terms of this assignment. The undersigned agrees that the exclusive jurisdiction and venue for legal proceedings hereunder is in Salt Lake County, Utah.

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Signature of Funeral Home/Cemetery Authorized Representative	Name of Funeral Home / Cemetery

The foregoing Reassignment was executed by _____, who is personally known to me or who has produced identification.
FUNERAL HOME/CEMETERY AUTHORIZED REPRESENTATIVE

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
NOTARY PUBLIC SIGNATURE	DATE	NOTARY STAMP OR SEAL