



# FORD ACCEPTANCE CORPORATION

FAMILY OWNED AND OPERATED SINCE 1969

## IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

Deceased: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Funeral Home/Cemetery: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Numbers: \_\_\_\_\_

Amounts: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Funeral Cost Cemetery Cost Family Funds Fac Fees Total Amount

For value received, I(We), the undersigned beneficiary(s) under the insurance policy, or death benefit certificate number, or being equitably entitled to the benefits, refund of premiums, and interest thereunder, do hereby irrevocably assign, set over and transfer unto said funeral home/cemetery listed above, its successor and irrevocably assigns the amount listed above which is to be paid from benefits, refund of premiums, or interest of the above mentioned policy(s) or certificate, the consideration for the irrevocable assignment of the amount being funeral services rendered in the burial of said deceased by said funeral home/cemetery which services have been accepted by us. In the event that any payments of proceeds are made to me under the provisions of the above described policy(s) or certificate, subsequent to the execution of this irrevocable assignment to the funeral/cemetery or the irrevocable reassignment by the funeral home/cemetery to FORD ACCEPTANCE CORPORATION (FAC) then said proceeds shall be held in trust by me for the use of the assignee, its successors and/or assigns. I(We) hereby appoint FAC as our attorney in fact to act for us with full power to make collection of, compromise, settle, and endorse or receipt in our names or otherwise, any check, draft, receipt or release for the proceeds of said policy(s) of insurance or certificate and to process all necessary forms, execute proofs of loss or proofs of claim and to execute all necessary paperwork to obtain said insurance proceeds, as fully to all intents and purposes as we ourselves could do, hereby ratifying and confirming all that our said attorney may do or cause to be done by virtue hereof. We also authorize and direct your insurance company to release any information regarding the policy(s) to FAC. In the event the policy(s) are not enclosed, I certify that the policy(s) have been lost or destroyed. If for any reason FAC does not receive full payment, the undersigned promises to pay to the order of FAC 1540 E. Dundee Rd. Suite: 160, Palatine, Illinois 60074 the sum of \$ \_\_\_\_\_ on demand, with interest at the rate of 1.5% per month. Upon default of this Promissory Note, FAC shall be entitled to recover all costs of collection and attorney fees incurred for collection of the note. The note is to be interpreted in accordance with Illinois law and confer jurisdiction upon the Illinois courts and agree to venue in the Circuit Court of Cook County, Illinois. All undersigned parties (including the funeral home/cemetery) are hereby obligated jointly and severally and guaranty payment to FAC the principal, interest, attorney fee, and cost incurred in collecting this note. The undersigned hereby waive presentment for payment, demand, protest, jury demand and notice of protest or non-payment.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

The foregoing IRREVOCABLE ASSIGNMENT/POA was executed by the BENEFICIARY/CLAIMANT named above, personally appeared before me and produced identification.

NOTARY PUBLIC: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

## IRREVOCABLE REASSIGNMENT AND POWER OF ATTORNEY

For value received, the undersigned do hereby irrevocably reassign, transfer, convey and set over unto FORD ACCEPTANCE CORPORATION (FAC) its successors and irrevocably reassigns all of our rights, title, interest and claim in and to the within irrevocable assignment and do hereby direct that payment be made to FAC 1540 E. Dundee Rd. Suite: 160, Palatine, Illinois 60074. I(We) further appoint FAC as our attorney in fact to act for us with full power to make collection, compromise, settle, and endorse or receipt in our name or otherwise, any check, draft, receipt or release for the proceeds of said insurance policy, certificate to all intents and purposes as we ourselves could do. In the event that any payments of proceeds are made to me subsequent to the execution of this irrevocable reassignment to FAC, then the proceeds shall be held in trust by me for the use of the assignee and holder of this instrument. Should any or all of the assigned amount not be paid in full or any or all the irrevocable assignment/reassignment found to be invalid, all undersigned parties are hereby obligated jointly and severally and guaranty payment to FAC all costs of collection, principal, interest, attorney fees, and court cost. The note is to be interpreted in accordance with Illinois law and confer jurisdiction upon the Illinois courts and agree venue in the Circuit Court of Cook County, Illinois.

(NAME OF FUNERAL HOME/CEMETERY) (SIGNATURE OF FUNERAL HOME/CEMETERY, AUTHORIZED AGENT)

The foregoing IRREVOCABLE REASSIGNMENT/POA was executed by the FUNERAL HOME/CEMETERY named above, personally known to me and produced identification.

NOTARY PUBLIC: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_