ncmutual

TO GET STARTED:
- **COMPLETE THE IRREVOCABLE ASSIGNMENT and**
- **VERIFICATION OF CLAIM AND LIMITED DURABLE POWER OF ATTORNEY**
- **FAX BOTH FORMS WHEN SIGNED TO (256) 547-0623 OR EMAIL info@ncmutualfinancial.com**

Call* North Carolina Mutual Financial *to make sure claim is received at 256-547-6998.

VERIFICATION OF CLAIM AND LIMITED DURABLE POWER OF ATTORNEY

FUNERAL HOME NAME: _____

INSURED NAME: _____ **SS#** _____

DATE OF BIRTH: _____ DATE OF DEATH: _____

PLACE OF DEATH: **ADDRESS**: _____ **CITY/STATE**: _____

CAUSE OF DEATH: ☐ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Unknown (detail below)

INSURANCE BENEFIT: TYPE OF INSURANCE COVERAGE? ☐ GROUP POLICY? ☐ INDIVIDUAL POLICY?

If GROUP INSURANCE, provide **Employer (Company Name), a Contact Name, & Phone Number**:

_____

INSURANCE COMPANY NAME _____

POLICY (IES) # for this Claim: _____

$ _____ **FUNERAL / CEMETERY BILL ASSIGNMENT WITH CASH ADVANCES**

Beneficiary 1: _____

Your Social Security #: _____ Date of Birth _____

Relationship to Deceased ☐ Parent ☐ Spouse/Life Partner ☐ Grandparent ☐ Aunt/Uncle ☐ Brother/Sister ☐ Son/Daughter ☐ Other (Explain): _____

Address (City/State/Zip) & Phone #, Email: _____

Beneficiary 2: _____

Your Social Security #: _____ Date of Birth _____

Relationship to Deceased ☐ Parent ☐ Spouse/Life Partner ☐ Grandparent ☐ Aunt/Uncle ☐ Brother/Sister ☐ Son/Daughter ☐ Other (Explain): _____

Address (City/State/Zip), Phone #, Email: _____

_____

DIRECTIVE and LIMITED DURABLE POWER OF ATTORNEY

TO WHOM IT MAY CONCERN: Upon presentation of this form, or a photo static copy thereof which is as valid as the original, you are authorized and directed to disclose insurance information and produce any documents required to settle any life insurance benefit on the Insured to **North Carolina Mutual Financial ("NCM")** [1] **P.O. Box 1666, Gadsden, AL 35902** ("NCM"), its assigns or its representatives. The undersigned Beneficiary(ies) hereby irrevocably authorize(s) and direct(s) the issuer or sponsor of the Policy, third party administrator, record keeper or any business or government entity to deal directly with NCM to give any information that NCM requires regarding INSURED, Beneficiaries, and the insurance benefit by email, fax, phone, and mail including confidential, personal and medical information to ensure: proper filing for and payment of insurance policy benefits, resolving any denial of insurance policy benefits, and determine the validity of any reason(s) for any delay of payment of insurance policy benefits, and **providing immediate HELP FOR THE FAMILY TO SECURE TIMELY ARRANGEMENTS FOR INSURED'S FUNERAL or BURIAL.** In addition the undersigned **Beneficiary(ies) individually hereby expressly: (1)** authorize disclosure of Protected Health Information of INSURED pursuant to HIPAA 45 C. F. R. 164.512 to NCM; **(2) irrevocably appoint NCM as agent and Attorney-in-Fact** with full power of substitution, to act for such Beneficiary(ies) with full power and authority to (i) enforce collection of, compromise, settle and give receipt for any benefits & proceeds of the Insured to the extent necessary to fully cover insured's funeral cost or assignment amount, (ii) endorse checks and benefit forms in such Beneficiary's individual, estate representative, and trustee capacity, (iii) receive and complete any claim or small estate forms connected with Insured (iv) receive plan documents, insurance, medical and confidential information concerning the Insured & beneficiary, **(v) insert correct employer, insurer, policy or claim numbers on any assignments of Insured,** (vi) add, redo, amend any assignments of the above Insured to correct errors, clarify ambiguities, and give further legal effect to the purpose and intent hereof, (vii) order death certificates of INSURED, **(viii) insert Beneficiary's signature on any claim, assignment, small estate, tax, funeral bill, complaint or benefit forms as fully as Beneficiary could personally do,** (ix) file lawsuits in Beneficiary(ies) name due to negligence, bad faith or unpaid interest and attorney fees as a result of payment delay or denial by insurer or employer; **(3) ratify and confirm all that their attorney in fact may do or cause to be done by virtue of the authority and direction given herein, and** (4) this power of attorney is not affected by subsequent disability or incapacity of any undersigned principal. The Beneficiaries hereby expressly consent and agree to personally submit to the jurisdiction of all levels of any and all State and Federal Courts located in Tarrant County, the State of Texas, arising out of any and all litigation which occurs as a result of any dispute regarding this Directive or Limited Durable Power of Attorney and any assignment thereof**. I / WE AGREE TO HOLD HARMLESS INSURER, PERSON OR ENTITY FROM ANY AND ALL LIABILITY TO ME / US BY HONORING THIS POWER OF ATTORNEY AND PAYING INSURANCE TO NCM & RELEASING ANY INFORMATION & DOCUMENTS TO NCM.**

→ **/S/**_____ **[Rel:**_____**]**
BENEFICIARY'S SIGNATURE & RELATIONSHIP

→ **/S/**_____**[Rel:**_____**]**
BENEFICIARY'S SIGNATURE & RELATIONSHIP

On ____/__/**20**__, before me , _____, **a Notary Public**, personally appeared _____ **(Beneficiary(ies)** who acknowledge him/her self to be the person whose name and capacity is subscribed to the above Power of Attorney. IN WITNESS WHEREOF, I hereunto set my hand and official seal.

_____ **NOTARY PUBLIC SIGNATURE & STAMP**

1. Assumed name of Surety Capital Corporation

ncmutual

IRREVOCABLE ASSIGNMENT ("IA")

INSURED: _____

INSURANCE COMPANY, BUSINESS OR GOVERNMENT ENTITY ("ICBG"): _____

_____

INSURANCE POLICY, PLAN, ANNUITY, CLAIM or BENEFIT # (S) ("Policy"): _____

FOR VALUE RECEIVED, the undersigned being all of the persons or entities equitably, legally, or through probate, entitled to receive and dispose of the benefits, payable now or in the future, under the Policy (individually and collectively "**Beneficiaries**"), **hereby irrevocably assign, sell, convey and/or transfer** to _____("**FH**") and its assigns, up to and including $_____ which is to be paid from **all the benefits**, proceeds, premium(s) and interest connected with the above INSURED and/or described Policy including any return of premiums. In addition, the Beneficiaries assign & sell: accrued **statutory or contractual interest** from the date of death; unearned premiums; and all state and federal claims and causes of action against ICBG connected with the Policy or Insured, including but not limited to, all benefit, fiduciary & non-benefit ERISA claims to FH and its assigns. Beneficiaries rights under the Policy to the full extent assigned shall be subrogated to FH and its assigns. The Beneficiaries hereby irrevocably consent to, authorize, and direct ICBG to make payments of the Policy benefits to FH and its assigns. The consideration for this IA is FH rendering funeral services or assisting with the disposition of remains of INSURED, which services have been specifically ordered and accepted by the undersigned, and if applicable, inclusive of advancing additional monies to the undersigned for personal benefit. **TIME IS OF THE ESSENCE. Beneficiary(ies) hereby irrevocably authorize(s) and direct(s) the issuer or sponsor of the Policy, third party administrator, record keeper or any business or government entity to deal directly with FH, its agent and assignee to give any information that they require regarding INSURED, Beneficiaries, and the Policy by email, fax, phone, and mail including confidential, personal and medical information to ensure: proper filing for and payment of Policy benefits, resolving any denial of Policy benefits, and determine the validity of any reason(s) for any delay of payment of Policy benefits, and providing immediate HELP FOR THE FAMILY TO SECURE TIMELY ARRANGEMENTS FOR INSURED'S FUNERAL or BURIAL.** The Beneficiaries hereby expressly consent and agree to personally submit to the jurisdiction of all levels of any and all State and Federal Courts located in Tarrant County, the State of Texas, arising out of any and all litigation which occurs as a result of any dispute regarding this IA and any assignment thereof. If FH or its assigns receive less than the amount assigned, the Beneficiaries must pay back such losses immediately. In the event that any payment is made to FH or its assigns for the Policy that is in excess of the amount stated above, the Beneficiaries agree FH and/or its assigns will take possession of the excess amount for itself until such time as Beneficiaries agree in writing to its distribution. If after one year there is no agreement in writing to its distribution; the Beneficiaries agree excess funds belong solely to FH and/or its assigns. The Beneficiaries agree to hold in trust any proceeds received from the Policy that were assigned to FH and/or its assigns and return such proceeds immediately. **If the Policy is not delivered with this IA,** Beneficiaries **represent after a diligent search the Policy is LOST.** Beneficiaries agree a copy of this IA is intended to be treated as if it were the original and is intended to be used as an electronic signature pursuant to 15 USCS § 7001.The Beneficiaries affirm & attest the Insured is dead. The Beneficiaries affirm and attest that they are of sound mind, 18 or older, understand the meaning of this IA, and are entering into this IA with the intent it be binding on them. **Beneficiaries by their signature below agree to any reassignment of this IA. In** the event any covenants and provisions are determined invalid, all other covenants and provisions will remain intact & enforceable. **IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HANDS AND SEALS THIS____DAY OF_____, 20___.**

→ **/S/**_____**[Rel:**_____**]** → **/S/**_____**[Rel:**_____**]**

BENEFICIARY'S SIGNATURE & RELATIONSHIP **BENEFICIARY'S SIGNATURE & RELATIONSHIP**

IRREVOCABLE REASSIGNMENT ("IRA")

FOR VALUE RECEIVED, the undersigned FH does hereby irrevocably assign, convey, sell, and/or transfer unto North Carolina Mutual Financial **("NCM")** [1] **P.O. Box 1666, Gadsden, AL 35902**, its successors and assigns, all of FH's right, power, title and interest in, to and under the above IA and the Policy, including without limitation benefits, subrogation rights and causes of action, and does hereby direct that all payments be made to NCM, hereby ratifying and approving anything that NCM may do by virtue of the authority and rights given herein. FH hereby irrevocably appoints NCM and its representatives as its Agent & Attorney-in-Fact to act for it with full power to make collection of, compromise, settle and receipt for the proceeds of the above Insured & Policy and authority to endorse checks; order death certificates; and complete assignments, pre-need or insurance claim forms as fully as FH could do, with full power of substitution and this power of attorney is not affected by subsequent disability or incapacity of the undersigned including if undersigned subsequently ceases to do business. FH agrees this IRA is intended to be treated as if it were the original and to be used as an electronic signature pursuant to 15 USCS § 7001. In addition, without limitation, the undersigned FH assigns to NCM the right to collect monies from any person(s) who is/are liable for INSURED's funeral and/or cemetery expenses. FH certifies that the information in the IA is accurate & truthful. The FH agrees to hold in trust any proceeds received that were assigned to NCM and return proceeds to NCM immediately. **This IRA is non-recourse unless information in the IA is not accurate or not truthful,** otherwise, FH must return monies received if NCM is not paid by insurer. FH hereby expressly consents and agrees to personally submit to the jurisdiction of all levels of any and all State and Federal Courts located in Tarrant County, the State of Texas, arising out of any and all litigation which occurs as a result of any dispute regarding this IRA and any assignment thereof. **FH affirms & attests the Insured is dead.** FH by their signature below agree to this IRA. All terms used in this IRA shall have the meaning herein and the above IA. IN WITNESS WHEREOF, WE HAVE HEREUNTO SET OUR HANDS AND SEALS THIS____DAY OF_____, 20___.

→/s/_____ _____

FUNERAL HOME / CEMETERIAN by AUTHORIZED SIGNATURE **FUNERAL HOME or CEMETERY NAME**

On ____**/**__**/20**__, before me, _____, **a Notary Public**, personally appeared_____**(Beneficiary(ies)** and _____ **(Funeral Home Agent)** who acknowledge him/her self to be the person whose name and capacity is subscribed to the above Power of Attorney. IN WITNESS WHEREOF, I hereunto set my hand and official seal.

_____ **NOTARY PUBLIC SIGNATURE & STAMP**

1 – Assumed name of Surety Capital Corporation.