



UNITY FUNDING COMPANY, LLC

PO Box 625700 Cincinnati, Ohio 45262
 Phone: 855.414.8814 | Fax: 513.247.0627 | www.unityfundingco.com

APPLICATION FOR ADVANCE

FROM:

Contact Name:		Phone:	
Firm Name:			
Street Address:		Fax:	
City, State, Zip:		Email:	

DECEASED INFORMATION:

Name of Deceased:		Deceased SSN:	
Deceased Date of Birth:		Deceased Date of Death:	

DECEASED CAUSE OF DEATH: Natural Homicide Suicide Accident Coroner/Case Pending

Is this an employer policy? <input type="checkbox"/> YES or <input type="checkbox"/> NO If YES, <input type="checkbox"/> EMPLOYEE or <input type="checkbox"/> RIDER If RIDER, relationship to employee _____ Is employee: <input type="checkbox"/> ACTIVE or <input type="checkbox"/> RETIRED If employer coverage provide name and phone number of employer: _____ _____	WAS THE DEATH LOCAL: <input type="checkbox"/> YES <input type="checkbox"/> NO WHO PICKED UP THE BODY: _____ Funeral Home Name _____ Funeral Home Phone Number
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INSURANCE INFORMATION:

1.		
Insurance Company	&	Beneficiary/Assignee
Relationship to Insured	Policy #	Phone Number Dialed for Verification
2.		
Insurance Company	&	Beneficiary/Assignee
Relationship to Insured	Policy #	Phone Number Dialed for Verification
3.		
Insurance Company	&	Beneficiary/Assignee
Relationship to Insured	Policy #	Phone Number Dialed for Verification

- May we contact the beneficiary for verification purposes only? YES or NO

- Are you aware of any assignments/loans related to this policy? YES or NO

- **Total Assigned Amount \$** _____

Funeral Rep Requesting Funding: _____ Date: _____
 (Please Print)

Signature: _____ Title: _____



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ASSIGNMENT FROM BENEFICIARY TO FUNERAL HOME, AND REASSIGNMENT TO UNITY FUNDING COMPANY

IRREVOCABLE ASSIGNMENT AND POWER OF ATTORNEY

Deceased/Insured			
Insurance Co.	Policy #	Policy #	Policy #
Policy #	Policy #	Policy #	Policy #

	Beneficiary (must list all to be valid)	Beneficiary (2)	Beneficiary (3)
Beneficiary Name			
Address			
City, State & Zip			
Phone Number			
Date of Birth			
Social Security #			
Email Address			
Funeral Home and/or Cemetery			
Total Amount Assigned:	\$		

This Irrevocable Assignment is made between the Beneficiary(s) above and the Funeral Home/Cemetery above. In consideration for the services provided in the burial of the above Insured, these services, having been requested and accepted by the Beneficiary, funds will be advanced and paid to the Funeral Home/Cemetery and/or the Beneficiary. The undersigned irrevocably assigns to the Funeral Home/Cemetery, the above Total Amount Assigned, including all interest and/or growth from the deceased's date of death until claim paid, including any unearned premiums. Beneficiary hereby guarantees the validity and sufficiency of this irrevocable assignment to the Funeral Home/Cemetery and Unity Funding Company, LLC ("UFC"), the Beneficiary further guarantees to warrant title to the policy(s) and defend UFC against any claims on the policy(s). Beneficiary hereby irrevocably authorizes said Insurance Company to make payment of the sum specified above, plus all interest and/or growth and unearned premiums to UFC. Beneficiary hereby irrevocably authorizes said Insurance Company to give Funeral Home/Cemetery or UFC any information that it may require regarding said policy(s), including non-public personal information. Beneficiary appoints UFC 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 UFC the right to endorse checks and claimant statement forms in my name. Beneficiary authorizes UFC to act on his/her behalf with regard to signing IRS Form W-9 (or an acceptable substitute) in his/her name. If, for any reason, UFC does not receive full payment within 90 days, I agree to immediately pay UFC the amount of its loss on the assignment. If for any reason it becomes necessary for UFC to proceed against me, I understand that I am liable for all costs of collections, including but not limited to, reasonable attorney fees, and court costs. Each party waives any right to trial by jury in any action or proceeding relating to this agreement, any documents executed in connections with this agreement, or any transaction contemplated in any of such documents. Each party acknowledges that the waiver of trial by jury is knowing and voluntary. I agree that the exclusive jurisdiction for legal proceedings hereunder is Cincinnati, Ohio. In the event the policy is not enclosed, I certify that the policy(s) has been lost or destroyed.

(1) Beneficiary Signature/Relationship (2) Beneficiary Signature/Relationship (3) Beneficiary Signature/Relationship

The foregoing Assignment was executed by _____, who is personally known to me or who has produced identification. (Beneficiary)		
_____	_____	_____
Notary Public Signature	Date	Notary Stamp or Seal

For Additional Beneficiaries:

The foregoing Assignment was executed by _____, who is personally known to me or who has produced identification. (2 nd Beneficiary)		
_____	_____	_____
Notary Public Signature	Date	Notary Stamp or Seal

The foregoing Assignment was executed by _____, who is personally known to me or who has produced identification. (3 rd Beneficiary)		
_____	_____	_____
Notary Public Signature	Date	Notary Stamp or Seal

IRREVOCABLE TRANSFER/REASSIGNMENT AND POWER OF ATTORNEY

To: Unity Funding Company, PO Box 625700, Cincinnati, OH 45262 Phone: 855.414.8814

The undersigned representative and funeral home or cemetery (Funeral Home) irrevocably reassigns to Unity Funding Company, LLC ("UFC") or assigns all of the Funeral Home's interest in the above Assignment and further appoints UFC as its Attorney-in-Fact to act for it with full power to make collection of, or settlement of, and receipt of the proceeds of this policy(s) or certificate(s) noted above, including, but not limited to, the right to endorse checks. Any payment made by UFC to the Funeral Home pursuant to this assignment is without liability 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 UFC. [In the event that any payment of proceeds are made by the Insurance Company, its agent or the beneficiary(s) to the Funeral Home, the Funeral Home agrees to immediately pay the proceeds to UFC, without any request to pay the funds.] The Funeral Home further agrees that upon request by either UFC 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. The undersigned agrees that the exclusive jurisdiction and venue for legal proceedings hereunder is in Cincinnati, OH. If any provisions of this agreement or the application of provisions of this agreement to any person or circumstances, to any extent, be invalid or unenforceable, then the remainder of this agreement will not be affected, and those provisions to this agreement shall be valid and enforceable to the full extent permitted by law. No failure or forbearance by UFC, to exercise any rights hereunder shall affect the obligations of the undersigned and shall not constitute a waiver of said rights. This irrevocable assignment contains the entire agreement between parties and no provision may be modified, waived, or altered except by writing executed by the undersigned and UFC.

_____	_____	
Printed Name & Title Funeral Home/Cemetery Representative	Signature and Date	
_____	_____	
Notary Public Signature	Date	Notary stamp or seal