

# Hardwick Funeral Home, Inc.

4831 Main Street, Loris, SC 29569  
 Ph: (843) 756-7001 F: (843) 756-3229  
 Email: hardwickfh@yahoo.com

## Irrevocable Assignment and Power of Attorney

FOR VALUE RECEIVED, I (WE), THE UNDERSIGNED BENEFICIARY(IES) UNDER THE INSURANCE POLICY(IES), OR DEATH BENEFIT CERTIFICATE NUMBER, OR BEING THE PERSON ENTITLED

TO THE BENEFITS THEREUNDER ON, \_\_\_\_\_ AND ANY OTHER POLICY ISSUED BY \_\_\_\_\_  
POLICY NUMBER(S) NAME OF INSURANCE COMPANY

ON THE LIFE OF \_\_\_\_\_  
NAME OF DECEASED INSURED DOB SSN

DO HEREBY IRREVOCABLY ASSIGN, SET OVER AND TRANSFER UNTO HARDWICK FUNERAL HOME, INC., ITS/HIS/HER SUCCESSORS AND ASSIGNS, THE SUM OF

\_\_\_\_\_ (\$ \_\_\_\_\_ )  
WRITE IN AMOUNT BEING ASSIGNED DOLLARS

PLUS, STATUTORY INTEREST FROM THE DECEASED INSURED'S DATE OF DEATH, WHICH IS TO BE PAID FROM THE BENEFIT(S) OF THE ABOVE MENTIONED POLICY(IES) OR CERTIFICATE AND ANY UNEARNED PREMIUMS, THE CONSIDERATION FOR THE ASSIGNMENT OF THIS AMOUNT BEING: (1) FUNERAL AND/OR CEMETERY GOODS AND SERVICES PROVIDED FOR THE DECEASED BY THE FUNERAL HOME AND/OR CEMETERY, WHICH SERVICES HAVE BEEN ACCEPTED BY US; AND/OR (2) ADVANCE PAYMENT OF PROCEEDS OF THE ABOVE-MENTIONED POLICY(IES). I/WE HEREBY AUTHORIZE AND DIRECT THE ABOVE-NAMED INSURANCE COMPANY TO PAY \$ \_\_\_\_\_ TO HARDWICK FUNERAL HOME, INC., at the address listed above. IN THE EVENT THAT ANY PAYMENTS OF THE SAID PROCEEDS ARE ERRONEOUSLY PAID TO ME/US BY THE ABOVE-NAMED INSURANCE COMPANY, SUBSEQUENT TO THE EXECUTION OF THIS ASSIGNMENT TO HARDWICK FUNERAL HOME, INC., THEN THE UNDERSIGNED AGREES TO IMMEDIATELY REMIT SAID FUNDS TO HARDWICK FUNERAL HOME, INC. I/WE APPOINT HARDWICK FUNERAL HOME, INC., AS OUR ATTORNEY-IN-FACT TO ACT FOR THE UNDERSIGNED WITH FULL POWER TO MAKE COLLECTIONS OF, COMPROMISE, SETTLE AND ENDORSE OR RECEIPT IN MY (OUR) NAMES, OTHERWISE, ANY CHECK, DRAFT, RECEIPT OR RELEASE FOR THE PROCEEDS OF SAID POLICY(IES) 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. THIS POWER OF ATTORNEY SHALL BE IRREVOCABLE AND COUPLED WITH AN INTEREST. I/WE ALSO AUTHORIZE AND DIRECT THE ABOVE NAMED INSURANCE COMPANY, AND/OR THE EMPLOYER OF THE ABOVE-NAMED DECEASED INSURED, AND/OR ANY ORGANIZATION, AGENCY, ENTITY, OR PERSON, ACTING AS CARETAKER OF THE INFORMANT ABOUT THE POLICY(IES), BENEFICIARY(IES) OF THE POLICY(IES) AND ANY CLAIM(S), TO GIVE AND RELEASE TO HARDWICK FUNERAL HOME, INC., ANY AND ALL INFORMATION IT REQUESTS REGARDING THE POLICY(IES), BENEFICIARY(IES), AND CLAIM(S) ON THE POLICY. THE UNDERSIGNED HEREBY GRANTS HARDWICK FUNERAL HOME, INC., PERMISSION TO OBTAIN FROM THE AFORESAID PARTY(IES) ALL PRIVACY ACT, HIPPA AND FREEDOM OF INFORMATION ACT INFORMATION REQUESTED BY IT TO PROCESS ALL INSURANCE CLAIMS HEREUNDER, INCLUDING OBTAINING CERTIFIED COPIES OF THE DEATH CERTIFICATE FOR THE DECEASED INSURED. FOR VALUE RECEIVED, I/WE AGREE TO HOLD HARMLESS THE ABOVE- NAMED LIFE INSURANCE COMPANY AND/OR THIRD PARTY OF THE INSURANCE COMPANY, EMPLOYER AND/OR THIRD PARY/BENEFITS RECORD HOLDER FROM ANY AND ALL LIABILITY TO ME/US WITH REGARD TO ITS/THEIR RELEASE OF INFORMATION TO HARDWICK FUNERAL HOME, INC., ABOUT THE ABOVE MENTIONED LIFE INSURANCE CONTRACT/POLICY(IES)/POLICY BENEFITS, AND BENEFICIARY DESIGNATION. EACH ASSIGNOR HEREIN DOES HEREBY ACKNOWLEDGE THAT HE/SHE DOES NOT RETAIN OR KEEP CONTROL OVER THE FUNDS ASSIGNED TO HARDWICK FUNERAL HOME, INC., AND THAT THE ABOVE-SPECIFIED LIFE INSURANCE PROCEEDS ARE IRREVOCABLY SIGNED. FOR VALUE RECEIVED, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED BY THE UNDERSIGNED BENEFICIARY(IES). IF, FOR ANY REASON, HARDWICK FUNERAL HOME, INC., DOES NOT RECEIVE FULL PAYMENT WITHIN NINETY (90) DAYS, I/WE AGREE TO IMMEDIATELY PAY HARDWICK FUNERAL HOME, INC., THE AMOUNT OF ITS LOSS ON THIS ASSIGNMENT AND INTEREST SHALL BE DUE AND PAYABLE ON THE REMAINING PRINCIPAL BALANCE, CALCULATED RETROACTIVELY FROM THE DATE OF ENTERING THIS NOTE AT THE RATE OF 18% PER ANNUM, OR THE MAXIMUM RATE OF INTEREST PERMITTED BY LAW NOT EXCEEDING 18% PER ANNUM UNTIL THE PRINCIPAL AMOUNT IS PAID IN FULL. IF FOR ANY REASON IT BECOMES NECESSARY FOR HARDWICK FUNERAL HOME, INC. TO PROCEED AGAINST ME/US, I/WE UNDERSTAND THAT I/WE ARE LIABLE FOR ALL COST OF COLLECTIONS, INCLUDING BUT NOT LIMITED TO, REASONABLE ATTORNEY'S FEES, AND COURT COST. EACH ASSIGNOR DOES HEREBY ACKNOWLEDGE THAT HE/SHE IS A U.S. CITIZEN, AT LEAST EIGHTEEN (18) YEARS OF AGE AND IS NOT SUBJECT TO BACKUP WITHHOLDINGS BY THE IRS AND IS NOT SUBJECT TO BACKUP WITHHOLDINGS FOR CHILD SUPPORT. I/WE AUTHORIZE HARDWICK FUNERAL HOME, INC., AS MY POWER OF ATTORNEY TO COMPLETE, SIGN, AND ENDORSE ANY AND ALL CLAIM FORMS/CLAIMANT STATEMENTS, SMALL ESTATE AFFIDAVITS, PROOF OF DEATH FORMS, LOST POLICY AFFIDAVITS, SAME NAME AFFIDAVITS REQUIRED TO COMPLETE ANY AND ALL CLAIM(S) ON THE ABOVE POLICY(IES) AND CLAIM(S) FOR THE ABOVE INSURANCE COMPANY INCLUDING FOR THE FULL PROCEEDS OF SAID POLICY(IES) AND CLAIM(S).

BENEFICIARY NAME	ADDRESS	DOB	SSN/ TAX ID	PHONE NUMBER	RELATIONSHIP

1 <sup>ST</sup> BENEFICIARY'S SIGNATURE	PRINTED NAME	DATE SIGNED
2 <sup>ND</sup> BENEFICIARY'S SIGNATURE	PRINTED NAME	DATE SIGNED
3 <sup>RD</sup> BENEFICIARY'S SIGNATURE	PRINTED NAME	DATE SIGNED
4 <sup>TH</sup> BENEFICIARY'S SIGNATURE	PRINTED NAME	DATE SIGNED

THIS FOREGOING IRREVOCABLE ASSIGNMENT WAS EXECUTED BY \_\_\_\_\_

\_\_\_\_\_ WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED IDENTIFICATION,

SIGNED BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_,

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES SEAL