IRREVOCABLE ASSIGNMENT OF INSURANCE BENEFITS

For value received, I (we), the undersigned beneficiary under the insurance policy, or death benefit certificate number  or being the person equitably entitled to the benefits, refund of premiums, and interest there under:

Policy Number

Issued by: , for the amount of ($ )

(NAME OF INSURANCE CO.) (FACE AMOUNT)

On the life of , do hereby irrevocably assign, set

(NAME OF DECEASED)

over and transfer unto , its-his-their successors and assigns,

(FUNERAL HOME/CEMETERY)

the sum of ($ )

(AMOUNT TO BE ASSIGNED)

Which is to be paid from the benefits, refund of premiums or interest of the above mentioned policy or certificate the consideration for the irrevocable assignment of this amount being funeral services rendered in the burial of said deceased by said undertaker/cemetery, which services have been accepted. In the event that any payments of proceeds are made to me under the provisions of the above described policy/certificate, subsequent to the execution of this assignment to the funeral director/cemetery or reassignment by the funeral director/cemetery to SECURITY NATIONAL LIFE FAST FUNDING, the said proceeds shall be held in trust by me for the use of the assignee, its successors and/or assigns. If I receive funds, they will be paid to the assignee within seven days of receipt. I, (we), appoint SECURITY NATIONAL LIFE FAST FUNDING as our attorney in fact to act for us with full power to make collection of, compromise, settle, and to endorse or receipt in our names or otherwise, any check, draft, receipt or release for the proceeds of said policy of insurance or certificate and to process all necessary forms, execute proofs of loss or proofs of claim and to execute all necessary paper work 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 company to release any information regarding the policy(s) to SECURITY NATIONAL LIFE FAST FUNDING.

In witness whereof, we have hereunto set our hands and seals at this day of ___________ 20___.

STATE OF ________________________________  COUNTY OF ________________________________  ______________________________________________________________

I, , a Notary Public in and for the state and county aforesaid, do hereby certify that ____________________________________________ personally appeared before me this ___________ day of ___________, 20______.

(Notary Public)

IRREVOCABLE REASSIGNMENT TO SECURITY NATIONAL LIFE FAST FUNDING

For value received, the undersigned do hereby irrevocably assign, transfer, convey and set over unto SECURITY NATIONAL LIFE INSURANCE COMPANY, its successors and assigns all of our rights, title, interest and claim in and to that within assignment and do hereby direct that payment be made to SECURITY NATIONAL LIFE INSURANCE COMPANY, hereby ratifying, confirming and approving anything that SECURITY NATIONAL LIFE INSURANCE COMPANY may do in the premises. I (WE) hereby appoint SECURITY NATIONAL LIFE INSURANCE COMPANY as our attorney in fact to act for us with full power to make collection of, compromise, settle, and to endorse or receipt in our names or otherwise, any check, draft, receipt or release for the proceeds of said policy of insurance or certificate 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. In the event that any payments of proceeds are made to me subsequent to the execution of this assignment to SECURITY NATIONAL LIFE INSURANCE COMPANY, then the proceeds shall be held in trust by me for the use of the assignee and holder of this instrument. If I receive funds, they will be paid to the assignee within seven days of receipt.

STATE OF ________________________________  COUNTY OF ________________________________  ______________________________________________________________

I, , a Notary Public in and for the state and county aforesaid, do hereby certify that ____________________________________________ personally known to me to be the same person whose name (s) is (are) subscribed to the foregoing instrument appeared before me this day in person and acknowledged that the (she) executed the same as his (her) free and voluntary act for the uses and purpose there set forth this ___________ day of ___________ 20_______.

(Notary Public)

SECURITY NATIONAL (SNL) FAST FUNDING

Attention: Terry J. Conyers, P. O. Box 958402, Lake Mary, FL 32795-8402
1-800-336-9558  1-407-321-7113   Fax 1-866-379-2288