



New Case Checklist

Please Fax or Email the following documents when submitting a new case!

- New Case Request
- Irrevocable Assignment/ POA
- Reassignment
- Copy of Funeral Bill
- Copy of Death Certificate if available

*****PLEASE MAIL A CERTIFIED COPY OF A DEATH CERTIFICATE A.S.A.P*****

**TO: MFF
PO BOX 851
BIG LAKE, MN 55309**

Midwest Funeral Funding, LLC

“Time is Money”



PO Box 851 Big Lake, MN 55309

P (612)730-1269

F (800) 878-0896

Claims@midwestfuneralfunding.com

New Case Request

Date: _____

Funeral Home Name: _____

Contact Name: _____ Phone: _____

Contact Email: _____

Deceased Info

Name _____ SSN: _____ DOB: _____ DOD: _____

Marital Status: _____

Address: _____ City: _____ State: _____ Zip code: _____

Place of Death: City/State _____

Cause of Death: _____ (If pending write pending)

ME Name/Number if applicable: _____

Original D.C. Mailed yet? YES / NO Approximate mailing date of D.C.? _____

Policy Information

Insurance Company/Phone#: _____

Policy Number(S) _____ Face Amt: _____

Beneficiary Name/ Relationship: _____

Beneficiary Address: _____

Beneficiary DOB: _____ Beneficiary SSN: _____ Beneficiary Phone: _____

If there are more beneficiaries add another sheet with their info

Group Policy Information

Circle all that apply

Active

Retired

Employer: _____

Contact Name: _____ Phone: _____

FUNERAL AMT. \$ _____ Additional Amt (up to cost of Funeral) \$ _____

TOTAL ASSIGNED AMT TO MIDWEST FUNERAL FUNDING \$ _____ MFF will deduct the 4% fee from assigned amt.

Fax Completed Request form to 1-(800) 878-0896 or

Email: Claims@midwestfuneralfunding.com

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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 policy number(s):

_____ and any other policy issued by _____ on the life of _____
(Name of insurance company)

_____ do hereby irrevocably assign, set over and transfer unto
(Name of Deceased Insured)

_____, its/his successors and assigns, the sum of
(Name of Funeral Home/Cemetery)

_____ (\$ _____)
(Write in Amount Being Assigned) (Dollars)

plus premium refunds, and statutory interest from the insured's date of death which are to be paid from the benefits of the above-mentioned policy(ies) or certificate, 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 **MIDWEST FUNERAL FUNDING, LLC** at P.O. Box 851, Big Lake, MN 55309.

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 the funeral home and/or cemetery named above or the reassignment by the funeral home and/or cemetery to **MIDWEST FUNERAL FUNDING, LLC** then I (we) agree to immediately remit said funds to **MIDWEST FUNERAL FUNDING, LLC**.

Power of Attorney. I (we) appoint **MIDWEST FUNERAL FUNDING, LLC** as our attorney-in-fact to act for me (us) with full power to make collection of, compromise settle and to endorse or receipt in my (our) names, or 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 information about the policy(ies), beneficiary(ies) of the policy(ies), and any claim(s) on the policy, to give and release to **MIDWEST FUNERAL FUNDING, LLC** any and all information it requests regarding the policy(ies), beneficiary(ies) and claim(s) on the policy. The undersigned hereby grants **MIDWEST FUNERAL FUNDING, LLC** permission to obtain from the aforesaid party(ies) all privacy act 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 hereby release and agree to indemnify and hold harmless MIDWEST FUNERAL FUNDING, LLC and the above named life insurance company from any and all claims, actions, and liabilities related to or in connection with its/their release of information about the above life insurance contract/policy(ies)/policy benefits, and beneficiary designation.

Each assignor herein does hereby acknowledge that he/she does not retain or keep any control over the funds assigned to the funeral home and/or cemetery, and reassigned to **MIDWEST FUNERAL FUNDING, LLC** and that the above-

specified life insurance proceeds are irrevocably assigned and reassigned to **MIDWEST FUNERAL FUNDING, LLC** for value received, the receipt of which is hereby acknowledged by the undersigned beneficiary(ies).

Assignor Payment Responsibility. In the event that the life insurance proceeds are ultimately determined by the above-named insurance company to be less than the amount hereinabove assigned, then upon notice to him/her of the deficit in proceeds, I/we agree to forthwith reimburse **MIDWEST FUNERAL FUNDING, LLC** the entire balance due hereunder. If the assigned amount is not paid in full within 90 days of this assignment, then 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. I/we agree to pay any and all expenses, including reasonable attorney's fees and legal expenses, paid or incurred by **MIDWEST FUNERAL FUNDING, LLC** in protecting and enforcing its rights under any provision of this irrevocable assignment. I/we agree that Minneapolis, Minnesota shall be the exclusive jurisdiction and venue for legal proceedings hereunder. Each assignor does hereby acknowledge that he/she is a U.S. citizen, at least eighteen (18) years of age, is not subject to outstanding child support liens, and is not subject to backup withholding by the IRS. I/(we) authorize **MIDWEST FUNERAL FUNDING, LLC** to act on my (our) behalf with regard to signing IRS form W-9, or an acceptable substitute, in my (our) name.

I/we authorize MIDWEST FUNERAL FUNDING, LLC as my (our) power of attorney to complete, sign, and endorse any and all claim forms/claimant statements 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).

I understand that Midwest Funeral Funding, LLC/Funeral Home charges a fee of 4.0% to process this assignment.

The undersigned beneficiary(ies) collectively "I" or "Me" under the insurance policy, certificate, or being the person(s) equitably entitled to the benefits thereunder: *Beneficiary (must list all to be valid)*

Beneficiaries

1. _____
(Name Of Beneficiary/ Relation) (Address Of Beneficiary)

_____ (Phone) _____ (Date Of Birth) _____ (Social Security #)

2. _____
(Name Of Beneficiary/ Relation) (Address Of Beneficiary)

_____ (Phone) _____ (Date Of Birth) _____ (Social Security #)

3. _____
(Name Of Beneficiary/Relation) (Name Of Beneficiary/ Relation)

_____ (Phone) _____ (Date Of Birth) _____ (Social Security #)

**If there are more than three (3) beneficiaries, please list each additional beneficiary's information on the back of this form.*

The foregoing irrevocable assignment was executed by

(Print name(s) of beneficiary(ies))

(Signature)

who is/are personally known to me or who has/have produced identification.

Notary Public signature _____ My commission expires _____

(Notary Stamp)



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IRREVOCABLE REASSIGNMENT TO MIDWEST FUNERAL FUNDING, LLC

The undersigned operates a funeral home and/or cemetery and is entitled to receive the benefits of policy(ies) issued or reissued by _____ (insurance company) on the life of _____ (decedent) as a result of an assignment of life insurance proceeds (assignment) by the beneficiary(ies) of the following policy number(s): _____ in the amount of \$ _____ (assigned amount) for purposes of providing goods and services in conjunction with the decedent’s funeral and/or burial for value received, the undersigned do hereby irrevocably assign, transfer, convey and set over unto **MIDWEST FUNERAL FUNDING, LLC**, its successors and assigns, all of our rights, title, interest and claim to the above policy(ies), and appoint **MIDWEST FUNERAL FUNDING, LLC** as our attorney-in-fact, 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 also direct that payment be made directly and solely to **MIDWEST FUNERAL FUNDING, LLC**. In the event that any payments of proceeds are made by the insurance company, or it’s agent, to me erroneously, subsequent to the execution of this reassignment to **MIDWEST FUNERAL FUNDING, LLC**, then I agree to immediately pay the proceeds to **MIDWEST FUNERAL FUNDING, LLC**. Failure to realize the proceeds assigned by the beneficiaries in the full amount assigned for the life insurance policy(ies) shall not relieve the undersigned of the obligation to pay the full amount, or the unpaid balance of the full amount, in the event of fraud, negligence, misappropriation, or wrongdoing. The funeral home/cemetery agrees to pay the entire assignment amount with the maximum rate of interest permitted by law not exceeding 18% per annum, until the contract is paid in full. The funeral home/cemetery agrees to pay any and all expenses, including reasonable attorney fees and legal expenses, paid or incurred by **MIDWEST FUNERAL FUNDING, LLC** in protecting and enforcing its rights under any provision of this irrevocable reassignment. On behalf of myself/ourselves and the funeral home and/or cemetery, I/we agree that Minneapolis, Minnesota shall be the exclusive jurisdiction and venue for legal proceedings hereunder. In the event any provisions of this irrevocable reassignment shall be found null, void, unlawful or otherwise unenforceable, then that provision shall be deemed to be severed from this irrevocable assignment and the remainder shall be enforceable.

FUNERAL HOME/CEMETERY: _____

BY: _____ **Date:** _____

(Authorized Signatory of Funeral Home/Cemetery)

The foregoing irrevocable reassignment was executed by

_____, who is

(Print name of authorized signature)

personally, known to me or who has produced identification.

Notary Public signature: _____

My commission expires: _____ (Notary stamp or seal)

