

Irrevocable Assignment of Insurance Proceeds and Power of Attorney

For value received and for their payment to _____ for the cost of funeral services, burial, or other disposition of the body of _____ (the "Insured"), the undersigned hereby irrevocably assign and transfer over to Bravura Finance, LLC ("Bravura") the sum of \$ _____ plus statutory interest from the Insured's date of death until such claim is paid and plus unearned premiums, or so much thereof as is available from the proceeds of the following policies (such sum being referred to as the "Proceeds"): Policy No(s): _____ of the _____ **INSURANCE COMPANY** (the "Insurance Company"), which may be or is due to the undersigned as beneficiary(ies) or by reason of any other qualification.

The undersigned hereby authorize and instruct the Insurance Company to pay over such Proceeds solely to Bravura Finance, LLC ("Bravura"), which payment shall constitute a full release and certificate by the undersigned for such assignment and paid Proceeds. The undersigned agree to provide reasonable assistance to Bravura in collecting such Proceeds. If any portion of the Proceeds is not paid by the Insurance Company, the undersigned hereby promise to pay any remaining balance to Bravura, its successors and assigns, together with costs of collection including attorneys' fees. If any payment of the Proceeds is made to the undersigned after the execution of this assignment, the amount of such Proceeds so paid to the undersigned shall be paid over by the undersigned to Bravura and, until so paid to Bravura, shall be held in trust by the undersigned for the use and benefit of Bravura.

Payments to Bravura under this assignment shall be delivered to:

**Bravura Finance, LLC
ATT: StrategicPlus/Cash Management
1501 Broadway, Suite 1515 New York, NY 10036**

The undersigned hereby guarantee and warrant to Bravura, its successors and assigns, (a) the validity and sufficiency of this irrevocable assignment and (b) title to said policy(ies) against any claims of any other party on said policy(ies). Further, the undersigned authorize and instruct the Insurance Company to give Bravura, its successors and assigns, any information Bravura, its successors and assigns, may request or require concerning said policy(ies).

The undersigned hereby appoint Michael Covington, Shajuana Johnson as attorney-in-fact, with full power of substitution in the premises, to act for the undersigned with full power to verify beneficiary(ies), amounts assignable, and assignment terms and conditions. Such attorney-in-fact may collect, compromise, settle, endorse and/or receipt in the names of the undersigned or otherwise, any check, draft, authorization, receipt and/or release for such Proceeds of said policy(ies) and fully and for all the same intents and purposes as the undersigned could do. Such attorney-in-fact may also pursue collection of such Proceeds, including, but not limited to, the initiation or settlement of a lawsuit. The undersigned further hereby ratify and confirm all that such attorney-in-fact may do or cause to be done by virtue hereof.

The rights and obligations of the parties hereunder shall be governed by the laws of the State of Indiana, and Indiana state and federal courts shall have jurisdiction over any dispute arising under this assignment.

X _____
Beneficiary

Relationship

Address (city/state/zip)

Social Security No.

Date of Birth

Telephone No.

X _____
Beneficiary

Relationship

Address (city/state/zip)

Social Security No.

Date of Birth

Telephone No.

X _____
Beneficiary

Relationship

Address (city/state/zip)

Social Security No.

Date of Birth

Telephone No.

X _____
Beneficiary

Relationship

Address (city/state/zip)

Social Security No.

Date of Birth

Telephone No.

Notary Public:

State _____, County of _____:

On this day, _____ appeared before me and, being first and duly sworn, said that the above facts are true to the best of their knowledge and belief, and that the above assignment was executed as a voluntary act without constraint of any kind.

Signature: _____ Printed Name: _____

Date: _____

Seal: