

Bravura Finance, LLC

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, which payment shall constitute a full release and certificate by the undersigned for such assigned 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, 450 East 96th Street, Suite 500, Indianapolis, IN 46240**

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 and Sharrell Barker 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) as 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 _____

X _____

Beneficiary Name: _____

Beneficiary Name: _____

Relationship to Insured: _____

Relationship to Insured: _____

Address: _____

Address: _____

Social Security No.: _____

Social Security No.: _____

Date of Birth: _____

Date of Birth: _____

Telephone: _____

Telephone: _____

State of _____ County of _____

Before me, a Notary Public, in and for said County and State, personally appeared _____, who acknowledged execution of the foregoing instrument as a voluntary act without constraint of any kind, and being first duly sworn, said that the facts stated in said instrument are true to the best of his/her/their knowledge and belief.

Date

Notary Public