D&L FUNDING LLC

An Insurance Assignment Company

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AUHORIZATION FOR INSURANCE COMPANY TO RELEASE LIFE INSURANCE POLICY INFORMATION PURSUANT TO HIPAA

DATE _____

Deceased Name:_____ SS#:_____

Date of Death:_____ Date of Birth:_____

Insurance Company:_____

Policy Number(s):_____

Beneficiary(s):_____

Relationship:_____

This document is to inform you of the death of the above insured.

Funeral arrangements are in the process of being made and I/we need verification of the decedent's life insurance benefits. Said benefits are needed to cover the cost of the decedent's funeral expenses.

I believe that I am the beneficiary of record and I am the responsible party for the funeral arrangements. I, therefore, authorize you to release any information needed by D&L Funding LLC in order to verify the policy coverage, benefits and conditions and I agree to hold you harmless for releasing said information.

This authorization is being requested pursuant to HIPAA.

Thank you for your immediate attention to this request.

_____ _____
Beneficiary Signature **Beneficiary Signature**

_____ _____
Beneficiary Signature **Beneficiary Signature**