

# *D&L* FUNDING LLC

## An Insurance Assignment Company

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### FUNDING REQUEST

Funeral Home Name: \_\_\_\_\_ Contact Name \_\_\_\_\_

FH Phone #: \_\_\_\_\_ FH Fax #: \_\_\_\_\_

Deceased Name: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Widow ☐ Divorced ☐ Separated

Home Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Cause of Death: ☐ Natural ☐ Homicide ☐ Accident ☐ Suicide ☐ Pending

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Policy # \_\_\_\_\_ Policy # \_\_\_\_\_

Have you contacted the Insurance Company? ☐ Yes ☐ No

If yes, Name of person contacted: \_\_\_\_\_ Phone # \_\_\_\_\_

TOTAL ASSIGNMENT AMOUNT: \$ \_\_\_\_\_

Beneficiary/Beneficiaries Names:

Relationship to Deceased

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR GROUP POLICIES

Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

(Check One) ☐ Actively Working ☐ Retired ☐ Other

Comments: \_\_\_\_\_

\_\_\_\_\_

Funeral Home Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_