

Funeral Home
RELEASE, SUBROGATION AND ASSIGNMENT FORM
LIFE POLICIES

<must be signed by funeral home to receive payment>

Name: <to be inserted by SDR>
(referred to as "Releasor" in this Release, Subrogation and Assignment)

Address: <to be inserted by SDR>

Phone numbers: <to be inserted by SDR>

Email address (if known): <to be inserted by SDR>

Policy Information:

Insurer: <SDR to designate name of Insolvent Insurer that issued the Policy>

Insured: <to be inserted by SDR>

Policy Number: <policy number of FIRST policy to be inserted by SDR>, including any and all policies issued by Insurer on the life of Insured

Death Benefit Amount: <to be inserted by SDR>

Association: <SDR to insert name of correct GA>

Release. In consideration of the provision of coverage by the Association with respect to the above referenced Policy(ies) and other good and valuable consideration, Releasor and Releasor's heirs (if any), personal representatives, guardians, assigns, successors, agents, and all other persons claiming by or through Releasor do hereby release and discharge the Association, its members, affiliates, agents, attorneys, employees, successors and assigns (collectively the "Association and Related Parties") of and from any and all actions, causes of action, claims, demands, costs, expenses, compensation and any and all consequential or special damage or other damage, past, present or future, whether known or unknown, on account of or in any way arising out of the above referenced Policy(ies). This release is not intended in any way to release or discharge any person or entity other than the Association and Related Parties as set forth herein.

Subrogation, Transfer and Assignment. In further consideration of the provision of coverage set forth herein, up to the Death Benefit Amount, Releasor hereby sells, transfers and assigns any and all of Releasor's past, present and future claims, rights, demands, actions and causes of action against the Insurer to the Association (and its successors and assigns) which shall be subrogated to all of Releasor's rights under the Policy(ies) and which may bring any action or suit for the recovery of any damages or losses sustained by Releasor as deemed best or appropriate by the Association in its sole and absolute discretion.

Further, up to the Death Benefit Amount, Releasor hereby sells, transfers and assigns to the Association, its successors and assigns, any and all past, present and future claims, demands, actions, rights and/or causes of action Releasor may have against the Insurer and any other persons or entities related in any way to the Policy(ies) and/or any losses arising under, resulting from, or otherwise relating to the Policy(ies) and the Association (and its successors and Assigns) shall have full power and authority for its own use and benefit, at no cost to Releasor, to ask, demand, collect, prosecute, dismiss or settle any suit or proceedings at law or in equity against the Insurer or any other persons or entities in Releasor's name. Releasor further agrees to cooperate with the Association (and its successors and Assigns) in its prosecution of any suits or proceedings against the Insurer and all other persons or entities, and will voluntarily testify on behalf of the Association (and its successors and Assigns), if asked.

Releasor understands that the Association may legally require Releasor to sign this Release, Subrogation and Assignment as a condition to receiving the Death Benefit Amount.

Releasor has carefully read the foregoing Release, Subrogation and Assignment and knows the contents hereof and has signed this Release, Subrogation and Assignment voluntarily and with full knowledge of its contents.

The undersigned is legally authorized to sign this Release, Subrogation and Assignment and bind Releasor.

To the best of Releasor's knowledge, Releasor represents and warrants that all prerequisites to the payment of death benefits including but not limited to the payment of all premiums to the Insurer have been satisfied.

Funeral Service Provider:

Name: _____

Date: _____

Signature: _____

Title, if any: _____