



**FAST FUNDING® REQUEST**

(Fax completed forms toll free to: 866.785.0030)

**From:** \_\_\_\_\_  
(Funeral Home/Cemetery) (City & State) (Contact Person)  
\_\_\_\_\_  
(Phone Number) (Fax Number) (Email Address)

**Deceased:** \_\_\_\_\_ Social Security # \_\_\_\_\_  
(As it appears on Insurance Policy)  
Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

**Cause of Death:** ( ) Natural ( ) Homicide ( ) Suicide ( ) Accident ( ) Coroner Case/ Pending Death Certificate

Was the death local? ( ) Yes ( ) No Who picked the body up? \_\_\_\_\_  
Funeral Home Phone#

Are there any other assignments related to this policy(s) that you are aware of? ( ) YES ( ) NO

Is this policy through an employer? ( ) YES ( ) NO If YES is deceased? ( ) Employee ( ) Rider on Employee Policy

If rider, what is the deceased relationship to employee? \_\_\_\_\_ Is Employee? ( ) Active ( ) Retired

If Employer coverage, provide name and phone number of Employer: \_\_\_\_\_

**Insurance Information:**

Policy # 1 \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Policy # 2 \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Policy # 3 \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Policy # 4 \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

**NOTE:** If you have verified this claim, please furnish us the number you called for each insurance company and your contact person, if one: \_\_\_\_\_

**Total Amount Assigned:** \$ \_\_\_\_\_

**Any additional information or requests:**