DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0361

ASSIGNMENT OF RIGHTS - PRENEED CLAIM

Pursuant to section 497.456, F.S., a claim may be filed against the Florida Consumer Protection Trust Fund when a person has previously paid for a preneed contract and the seller of the preneed contract subsequently goes out of business and/or becomes insolvent and will not or cannot perform the preneed contract. Whether such a claim will be paid, and how much will be paid on such a claim, is controlled by section 497.456, F.S., and Rule 69K-10.002, *Florida Administrative Code*.

This form is for use by the authorized representative of a deceased beneficiary and purchaser of a preneed contract, to assign the right to file such a claim and to receive payment, to the At-Need Provider (e.g., the funeral home or cremation service) who is handling or did handle the at-need deathcare services for the deceased Beneficiary. The authorized representative of a deceased beneficiary and purchaser is typically one of the following: surviving spouse of deceased; adult child of deceased; brother or sister of deceased; other blood relative of deceased. The authorized representative should ask for and retain a copy of this form as signed. The original of this form must be filed by the at-need provider with the claim.

Please **PRINT CLEARLY** and answer all applicable questions. If any answer is illegible, or the form is incomplete, it may delay processing or require submission of another claim form.

Section 1. AUTHORIZED REPRESENTATIVE INFORMATION

1A. Authorized Representative's legal name: _____

1B. Phone number with area code: _____

1C. Email address: _____

1D. Mailing address *(no PO boxes)*: _____

Section 2. BENEFICIARY INFORMATION

2A. Beneficiary (decedent) name: _____

2B. Place of death: County: _____ State: _____

2C. Date of death: _____

Section 3. RELATIONSHIP TO BENEFICIARY

What is the Authorized Representative's relationship to the Beneficiary: *(check one)*

- ☐ Surviving spouse
- ☐ Adult child
- ☐ Sibling
- ☐ Other blood relative
- ☐ Court appointed representative
- ☐ Other as follows: _____

_____

FOR OFFICE USE ONLY:

Claim number: _____

Section 4. AT-NEED PROVIDER INFORMATION	
At-need provider name:	
Phone number with area code:	
Email address:	
Mailing address:	
Section 5. ASSIGNMENT OF RIGHTS	
I, the Authorized Representative named above, do hereby transfer and assign any and all rights to file, pursue, and receive payment on a claim against the Florida Consumer Protection Trust Fund, under Section 497.456, F.S. and Rule Chapter 69K, F.A.C., that may exist in regards to any preneed contract covering the above named Beneficiary (decedent), to the at-need provider named above. I am not aware of any person who does or would dispute my right to make this assignment. Signature of the Authorized Representative: _____ Date: _____	
NOTARY ACKNOWLEDGEMENT	
STATE OF: _____ COUNTY OF: _____	The foregoing instrument was acknowledged before me this: _____ day of _____, by: _____.
☐Personally Known OR ☐Produced Identification	_____ *Type of Identification Produced*
[NOTARY SEAL]	_____ *Signature of Notary Public* _____ *Name of Notary Public*

Mail the completed assignment of rights and required attachments to:
Division of Funeral, Cemetery, and Consumer Services
ATTN: Preneed Claims
200 East Gaines Street
Tallahassee, FL 32399-0361