



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

**ASSIGNMENT OF RIGHTS**  
**PRENEED CLAIM UNDER S. 497.456, FLORIDA STATUTES**

Pursuant to s. 497.456, Florida Statutes, in certain instances a claim may be filed against the Florida Consumer Protection Trust Fund where 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 s. 497.456, Florida Statutes, and Rule 69K-10.002, Florida Administrative Code. The amount paid on such a claim is never more than the net amount actually paid for the preneed contract, and is often less than that, based on the provisions of the statute and the rule.

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.

**USE INK** – no pencil. 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. **“AR” = Authorized Representative.**

1) Authorized Representative (AR) name (full legal name)		2) AR's phone # (area code+ ph #)
3) AR's full address (street, city, state, zip) (PO Boxes are NOT acceptable)		
4) Beneficiary (decedent) name:	5) Place of death (county & state)	6) Date of death
7) AR's relationship to Beneficiary (decedent) is (check one): <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Adult child <input type="checkbox"/> Brother or sister <input type="checkbox"/> Other blood relative <input type="checkbox"/> Court appointed representative <input type="checkbox"/> Other as follows:		
8) At-need provider name:		9) At-need provider phone #:
10) At-need provider address (street, city, state, zip):		

**The Assignment:**

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 s. 497.456, Florida Statutes and related rules, 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**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_,

by \_\_\_\_\_, who (check one)

Is personally known to me  Produced a picture ID of the following type:

\_\_\_\_\_  
 Signature of Notary

Affix seal