

**CERTIFICATE OF CANCELLATION AND APPLICATION FOR WITHDRAWAL
INSURANCE-FUNDED PREPAID FUNERAL CONTRACT**

To (Depository): _____

From (Seller) Name: _____ Permit Number: _____

Address: _____

City, State, Zip: _____

Telephone/Fax Numbers: _____

Prepaid Contract No. _____ Insurance Policy/Certificate No. _____ Cash Value \$ _____

We, the undersigned parties entered into a prepaid funeral contract dated _____. The sum above is the current cash value of the policy coverage that funds the purchaser's prepaid funeral contract. We have agreed to cancel such contract. Therefore, we authorize the depository, recipient of premiums for the insurance coverage funding the purchaser's prepaid funeral contract, to pay the cash value to the purchaser in accordance with the contract cancellation clause and the terms of the insurance policy/certificate shown above.

PURCHASER

My signature on this application for withdrawal indicates my desire to receive a cash refund of the cash value of the policy/certificate of insurance (unless otherwise noted below) and cancel the prepaid funeral contract. Neither the funeral director nor any seller of prepaid funeral benefits contracts suggested that I cancel this contract.

NOTE: The cancellation of your existing contract to buy another may well be to your **disadvantage**. It is easy to misunderstand the facts when converting from one contract to another. **Read any new contracts carefully.**

- If you have any complaints concerning the cancellation of your prepaid funeral contract, you may contact the Texas Department of Banking, Special Audits Division, toll-free at (877) 276-5554.
- If you are being asked to convert your present prepaid funeral contract to another prepaid funeral contract or if the Seller is soliciting this cancellation, please **DO NOT SIGN THIS FORM** before contacting the Department of Banking.
- If you are not the original purchaser of the funeral contract, you must provide legal documentation to the Seller that you have the authority to request this cancellation.

If you are canceling this contract and applying your refund to another contract and insurance policy from this same seller, you MUST initial this paragraph as indication that you acknowledge your refund will be applied directly to your new contract and insurance policy and no refund check will be issued. (Initial here: _____)

Signature of Purchaser

Date

Street Address

City, State, Zip

STATE OF _____

COUNTY OF _____

_____, the purchaser, personally appeared before me and being first duly sworn, declared he/she signed this application in the capacity designated and stated he/she has read the application and that the statements in the application are true and correct.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

Date Commission Expires

SELLER

(Seller) certifies that the amount shown on this application for withdrawal represents the total amount available under the terms of the insurance policy/certificate. To my knowledge, neither I nor any of my agents encouraged or solicited the customer to cancel this contract.

Signature of Seller's Approved Designated Agent

Date

Printed Name and Title of Seller's Approved Designated Agent