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

TROST TORDED TR	LI AID FUNERAL CONTRACT
To (Depository)	
From (Seller) Name	Permit Number:
Address	
City, State, Zip	Date of Contract:
Telephone/Fax	
	Total to be Withdrawn \$
	to purchaser \$ (principal plus one-half of any accrued interest). epaid funeral contract and are requesting a withdrawal of the funds on zed to release and pay same as indicated above.
	Purchaser
Your signature on this application for withdrawal indicates your cancel the prearranged funeral. You should receive your refund with	desire to receive a cash refund on your prepaid funeral benefit contract and to hin 30 days of the Seller receiving the written notice.
of: (1) 90% of the actual amount of money you paid; or (2) the amount of money the Seller has deposited into the app	ng it, when your payments are current, the Seller is required to refund the greater proved financial institution for your contract. The money deposited for your Read the payment terms section of the prepaid contract for the amount of money
If you cancel your prepaid contract AFTER THE FIRST YEAR, yo	ou will receive the amount you have paid, less the amount the Seller can keep.
In addition, for any contract that was sold after September 1, 2001, contracts sold before September 1, 2001, the purchaser is not entitle	the purchaser is also entitled to receive one-half of the interest earned on it. For ed to the interest.
If you cancel the contract at the request of the Seller, then the Seller	r is required to refund all money paid and the income earned.
	must provide legal documentation to the Seller that you have the authority to ing the cancellation of your prepaid funeral contract, you may contact the ree at (877) 276-5554.
If you are canceling this contract and applying your refund to indication that you acknowledge your refund will be applied din (Initial here:)	another contract from the same seller, you MUST initial this paragraph as rectly to your new contract and no refund will be issued.
Signature of Purchaser	Date
Street Address	City, State, Zip
STATE OF	
COUNTY OF	
	ersonally appeared before me and being first duly sworn, declared he/she signed
this application in the capacity designated and stated he/she has read	d 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 amo	SELLER unt shown on this application for withdrawal represents the allowable amount to
	Finance Code. To my knowledge, neither I nor any of my agents encouraged or

Signature of Seller's Approved Designated Agent

Date

Printed Name and Title of Seller's Approved Designated Agent