



Oklahoma Insurance Department  
Financial Division/Prepaid Funeral Benefits Section  
400 Northeast 50th Street, Oklahoma City, OK 73105

## REQUEST FOR WITHDRAWAL OF ACCRUED INTEREST

I \_\_\_\_\_, Designated as Buyer on a previously signed Prepaid Funeral Benefits Contract, Account Number \_\_\_\_\_, do hereby request the TRUSTOR AND THE TRUST ACCOUNT DEPOSITORY to withdraw the interest from the account on a \_\_\_\_\_ basis, beginning \_\_\_\_\_, 20 \_\_\_\_\_. (If this is a ONE TIME basis, write in ONE TIME. Indicate monthly, etc., if that is the case.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

BUYER  
SIGNATURE \_\_\_\_\_

BUYER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

I \_\_\_\_\_, signing below as Seller or the Agent for Seller, do hereby request that the TRUST ACCOUNT DEPOSITORY authorize the withdrawal of interest from the above named Buyer's account in the manner requested.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

SIGNED \_\_\_\_\_  
AUTHORIZED PERSON OF THE FUNERAL HOME

\_\_\_\_\_  
FUNERAL HOME NAME, ADDRESS, AND PERMIT NUMBER

NOTE: This form should be kept on file by the TRUST ACCOUNT DEPOSITORY and by the TRUSTOR. Accurate retention of these records should be kept for the Annual Statement of Financial Condition as prepared by the Certified Public Accountant or Public Accountant.