



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

## APPLICATION TO WITHDRAW FUNDS DEPOSITED FOR PREPAID FUNERAL BENEFITS

(IN THE EVENT OF DEATH AND FULFILLMENT OF CONTRACT)

Seller and the authorized person selecting funeral merchandise and services for the beneficiary, \_\_\_\_\_ account number \_\_\_\_\_, hereby certify to the Oklahoma Insurance Commissioner that \$ \_\_\_\_\_ was available for use at time of death of the beneficiary, which was \_\_\_\_\_, 20 \_\_\_\_\_.

**CHECK ONE:** (*Funeral merchandise and services listed below for either type of contract*)

**NON-SPECIFIED CONTRACT** \_\_\_\_\_

The above total includes 100% of all funds deposited together with any and all interest the Buyer had elected to remain in the account, and less administrative fees as Seller may have deducted.

**GUARANTEED CONTRACT** \_\_\_\_\_

The above total represents the total investment agreed to by Buyer and Seller and paid into the account.

### ITEMIZE MERCHANDISE AND SERVICES BY PRICE

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

The excess amount of \$ \_\_\_\_\_ under this contract shall be disposed of (if a guaranteed contract, write NOT APPLICABLE in above space)

As follows to \_\_\_\_\_ Address \_\_\_\_\_,  
City and State \_\_\_\_\_ as was designated in the original contract, to receive excess funds.

We hereby certify that all information contained herein is true and correct, regarding this particular contract.

\_\_\_\_\_  
AUTHORIZED PERSON  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Person of Funeral Home  
\_\_\_\_\_  
Funeral Home Name and Permit Number  
\_\_\_\_\_  
Address  
\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires \_\_\_\_\_.