



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

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

Authorized Person of Funeral Home

Funeral Home Name and Permit Number

Address

NOTARY PUBLIC

My commission expires _____.