



**SURETY BOND**  
**Request to Modify for Prepaid Funeral Benefits**

**Title 36 O.S. § 6125**  
*I. Each organization subject to the provisions of this section shall furnish a bond in the form of a cash bond, letter of credit, or fidelity bond, to be approved by the Insurance Commissioner, in the amount of Three Hundred Thousand Dollars (\$300,000.00) or fifteen percent (15%) of all funds collected for prepaid funeral benefits, whichever is less.*

**Funeral Home Prepaid Benefits Permit Holder**

Date: \_\_\_\_\_ Oklahoma Permit # \_\_\_\_\_  
Permit Entity Name: \_\_\_\_\_  
DBA Name: \_\_\_\_\_  
Contact email (Required) \_\_\_\_\_ Phone #: \_\_\_\_\_

**Prepaid Funeral Trust Information**

**This information must be provided by the Financial Institution holding Trust Funds for the organization.**

Financial Institutions Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Total Sum of all outstanding Trusts contracts:** \_\_\_\_\_

Will new funds continue to be added to the Trust account? Yes \_\_\_\_\_ No \_\_\_\_\_

**Attach a current Trust Statement prepared by the Financial Institution verifying the amounts entered above.**

The authorized owner/officer of the Funeral Home listed above, has reviewed the request and to the best of your knowledge, confirms that the information entered on this form is true and accurate.

Printed Name of Authorized Officer \_\_\_ or Owner \_\_\_ : \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_