



Oklahoma Insurance Department
Financial Division/Prepaid Funeral Benefits Section
3625 NW 56th Street, Ste 100
Oklahoma City, OK 73112-4511

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.