



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

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AFFIDAVIT AND REQUEST OF PURCHASER TO CANCEL
A PREPAID FUNERAL BENEFITS CONTRACT

On this ___ day of ___, 20___, I, _____, do state under oath I am the
purchaser of a prepaid funeral benefits contract with _____ of _____,
Seller
Arkansas.

I hereby request to cancel my prepaid funeral benefits contract and redeem or re-assign the proceeds from the trust fund,
annuity policy, or insurance policy.

Please check one of the following:

[] CASH SURRENDER [] RE-ASSIGNMENT

1. Amount to be returned to me or re-assigned to the
substitute provider.

\$ _____ Name of Insurer

2. Amount to be retained by the seller pursuant to
Ark. Code Ann. § 23-40-122.

\$(_____) Policy or Annuity No.

Substitute Provider

TOTAL AMOUNT TO BE DISBURSED

\$ _____

I certify that the responses herein are, to the
best of my knowledge, accurate:

Name and address of Purchaser:

Signature of Purchaser

Substitute Provider Signature

County _____
State _____ Arkansas

Subscribed and sworn to or affirmed before me this ___ day of ___, 20___.

Notary Public

Commission Expiration Date