



**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 \_\_\_\_\_, Arkansas.  
**Seller**

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.

**CASH SURRENDER**

**RE-ASSIGNMENT**

1. Amount to be returned to me.

\$ \_\_\_\_\_

\_\_\_\_\_  
**Name of Insurer**

2. Amount to be retained by the Seller as a cancellation fee, if provided for in the prepaid contract. (Not applicable to post July 1, 1995 contracts.)

\$( \_\_\_\_\_ )

\_\_\_\_\_  
**Policy No.**

**TOTAL AMOUNT TO BE DISBURSED** \$ \_\_\_\_\_

Name and address of Purchaser:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Purchaser**

County \_\_\_\_\_  
State Arkansas

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

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Commission Expiration Date**