



**STATE OF ARKANSAS  
DEPARTMENT OF INSURANCE**

1200 West Third Street; Little Rock, AR 72201-1904  
Phone: 501-371-2681 or 800-282-9134; Fax: 501-371-2747  
Web site: [www.insurance.arkansas.gov](http://www.insurance.arkansas.gov)  
E-mail: [rick.toland@arkansas.gov](mailto:rick.toland@arkansas.gov)

**SELLER'S AFFIDAVIT FOR CANCELLATION AND REFUND OF  
PREPAID FUNERAL BENEFITS CONTRACT PROCEEDS**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_,  
an authorized representative of \_\_\_\_\_,  
(Seller)  
of \_\_\_\_\_, Arkansas, do state under oath or affirmation that  
\_\_\_\_\_ has requested in writing on Form AID FI C3  
(Purchaser)  
that the prepaid funeral benefits contract purchased in the total amount of \$ \_\_\_\_\_ be  
cancelled and that the withdrawal of \$ \_\_\_\_\_ in proceeds from the trust fund, annuity  
contract, or insurance policy are being returned to captioned Purchaser.

Identify Bond(s), Security(ies) or Certificate(s) of Deposit, Annuities, Insurance Policies below:

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

\_\_\_\_\_  
Seller  
BY: \_\_\_\_\_  
Authorized Representative

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

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

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Commission Expiration Date