



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone: 501-371-2600 | Toll-Free: 800-282-9134
Fax: 501-682-0575

E-Mail: AID.Prepaid@arkansas.gov

Website: https://insurance.arkansas.gov/pages/industry-regulation/pre-paid-funeral/pre-paid-funeral-insurance/

SELLER'S AFFIDAVIT OF CONTRACT PERFORMANCE:
REQUEST TO WITHDRAW FUNDS OR PROCEEDS

On this ___ day of ___, 20 ___, I, ___, an authorized
representative of ___, of ___,
Seller Name City
Arkansas, do state under oath/affirmation that ___ has bonds, securities, demand deposits, or
Purchaser Name
certificates of deposit held in trust in the amount of \$ ___; or that the purchaser's prepaid contract is funded by an annuity or
insurance policy; that the contract obligations required of the Seller have been completed; that a withdrawal of proceeds or funds
from the trust, annuity contract, or policy is hereby requested upon submission of a copy of a death certificate.

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

Seller / Funeral Home

BY:

Authorized Representative

County: _____

State: _____

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

Notary Public Signature

Commission Expiration Date