



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE
400 University Tower Building
1123 South University Avenue
Little Rock, AR 72204
501-686-2900

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

On this ____ day of _____, _____, I, _____,
an authorized representative of _____
(Seller)

_____, Arkansas, do state under oath/affirmation that
_____ has bonds, securities, demand deposits, or certificates
(Purchaser)

of deposit held in trust in the amount of \$ _____; or that the Purchaser's prepaid contract is funded
by an annuity or life insurance policy; that the contract obligations required of the Seller have been completed; that
a withdrawal of the contract proceeds or funds from the trust, annuity contract, or life insurance policy in the amount
of \$ _____, 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:

Contract Beneficiary
(Print Name or Type)

Seller

BY: _____
Authorized Representative

County _____
State _____

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

Commission Expiration Date

Notary Public