



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

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SELLER'S AFFIDAVIT FOR CANCELLATION AND CASH SURRENDER OR
RE-ASSIGNMENT OF PREPAID FUNERAL BENEFITS CONTRACT PROCEEDS

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

Note: If the Purchaser is electing to cancel their prepaid contract for the purposes of obtaining a new funeral
provider, the Seller must disclose to the Purchaser that the substitute provider must execute a new
prepaid contract with the like "kind and quality" of merchandise and services.

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

BY: _____
Seller
Authorized Representative

County _____
State _____

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

Notary Public

Commission Expiration Date