



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

1200 West Third Street; Little Rock, AR 72201-1904
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Website: www.insurance.arkansas.gov/finance-prepaid.htm
Email: michelle.fahey@arkansas.gov

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.

Please check one of the following:

- 1. Amount to be returned to me or re-assigned to the
substitute provider.
2. Amount to be retained by the seller pursuant to
Ark. Code Ann. § 23-40-122.

[] CASH SURRENDER

[] RE-ASSIGNMENT

\$ _____

Name of Insurer

\$(_____)

Policy or Annuity No.

Substitute Provider

TOTAL AMOUNT TO BE DISBURSED

\$ _____

I certify that the responses herein are, to the
best of my knowledge, accurate:

Name and address of Purchaser:

Signature of Purchaser

Substitute Provider Signature

County _____
State _____

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

Notary Public

Commission Expiration Date