

## WITHDRAWAL REQUEST Iowa Prepaid Funeral Trust

Funeral Home Name \_\_\_\_\_ ID# \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ SS# \_\_\_\_\_

Reason for withdrawal (please initial):

\_\_\_\_\_ Fulfillment of preneed contract for above named Beneficiary.

\_\_\_\_\_ Cancellation of contract between above named Funeral Home and Beneficiary.

\_\_\_\_\_ Transfer of funds to another trustee by the above named Funeral Home.

\_\_\_\_\_ Other. Please explain. \_\_\_\_\_

Check to be issued ☐ as soon as possible, or ☐ after interest is next credited.

Attached is a copy of ☐ the newspaper obituary, or ☐ the death certificate. *One of these is required for fulfillment.*

I hereby request withdrawal of all funds held in the above account. I certify, under penalty of perjury, that this request is in compliance with the terms of my contract with the above named Beneficiary, with FSI and/or applicable federal and state law. I hereby release FSI from all claims, warranties, implied or expressed, and further responsibility in this matter. I agree to defend and indemnify FSI from and against any claims, suits, or actions which may be asserted or brought against FSI arising out of its release of trust funds to the undersigned.

\_\_\_\_\_  
*Signature of authorized representative of above named Funeral Home*

Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of Purchaser/Beneficiary if this is not a fulfillment*

Date \_\_\_\_\_

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For FSI use only: Previous balance \_\_\_\_\_

Applicable interest \_\_\_\_\_

Total to distribute \_\_\_\_\_

*Pink copy for funeral home. Original and yellow copy to Iowa Prepaid Funeral Trust or fax to 515.270.1569*