

DEPOSIT FORM

Prepaid Escrow Account

FUNDS FOR A: NEW ACCOUNT EXISTING REF. # _____ INTERNAL TRANSFER

NAME OF PROVIDER _____ CODE # _____

THESE FUNDS ARE FOR DEPOSIT TO:

TAX REQUIRED Client Pays Tax	
<input type="checkbox"/> Bond Trust (Tax Req.) for GTD Contracts	<input type="checkbox"/> CD Trust (Tax Req.) for GTD Contracts
<input type="checkbox"/> Stock Trust (Tax Req.) for GTD Contracts	<input type="checkbox"/> CD Trust (Tax Req.) for Non GTD Contracts
TAX PAYER	<input type="checkbox"/> PURCHASER <input type="checkbox"/> BENEFICIARY
FORM 1099 INT SENT TO:	<input type="checkbox"/> PURCHASER <input type="checkbox"/> BENEFICIARY

QUALIFIED FUNERAL TRUST Trust Pays Tax	
<input type="checkbox"/> Bond Trust (QFT) for GTD Contracts	
<input type="checkbox"/> Stock Trust (QFT) for GTD Contracts	
<input type="checkbox"/> Money Market Trust (QFT) for GTD Contracts	
<input type="checkbox"/> CD Trust (QFT) for GTD Contracts	

TAX FREE
<input type="checkbox"/> MI Municipal Bond Trust (Tax Free) for GTD Contracts

CONTRACT BUYER:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
NAME	_____		
	FIRST	MIDDLE INITIAL	LAST
ADDRESS	_____		
	STREET		APT. NUMBER

	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	_____-_____-_____		

CONTRACT BENEFICIARY:	<input type="checkbox"/> SAME (as purchaser)	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
NAME	_____			
	FIRST	MIDDLE INITIAL	LAST	
ADDRESS	_____			
	STREET		APT. NUMBER	

	CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER	_____-_____-_____			

		CONTRACT I	CONTRACT II
DATE OF CHECK _____			
CONTRACT DATE _____	AMOUNT FOR ESCROW	\$ _____	\$ _____
CONTRACT AMT _____	AMOUNT OF COMMISSION	\$ _____	\$ _____
COMMENTS _____	TOTAL DEPOSIT	\$ _____	

Signed _____
Authorized Provider Signature