

MEMO

CANCELLATION / PARTIAL WITHDRAWAL / TRANSFER

TO: ESCROW AGENT

% Abbit Management Corp

FROM: _____
Contract buyer

16986 Robbins Rd Ste 100
Grand Haven, Michigan 49417
FAX: 800-842-9075

DATE: _____

SUBJECT: PRE-PAID FUNERAL / CEMETERY CONTRACT

ESCROW ACCOUNT TYPE:

Guaranteed Contract Non-Guaranteed Contract

CANCELLATION of pre-paid contract with the contract provider signed below

Before death

Following death only:

1. Where there are no remains of the deceased
2. Where the remains of the deceased can not be recovered
3. Where a prepaid contract was not utilized due to lack of knowledge by the person entitled to make funeral arrangements of the existence of the prepaid contract

TRANSFER of pre-paid contract to a different provider before/following death

PARTIAL WITHDRAWAL from pre-paid funeral contract of \$_____ where the contract provider is shown below. **NOTE: If Guaranteed Contract, the original contract must be replaced with new contract(s).**

As contract buyer of a pre-paid funeral / cemetery contract for _____
I am requesting payment in accordance with the above instructions. Please follow all instructions
in the pre-paid contract dated _____, Reference No. # _____.

CONTRACT IS NOT CERTIFIED IRREVOCABLE BY MICHIGAN DHS

CONTRACT IS CERTIFIED IRREVOCABLE BY MICHIGAN DHS

Please forward all requested funds per the following instructions:

Check Payable To: _____

Check Mailed To: _____

Address: _____

City: _____ State: _____ Zip: _____

DATE _____ SIGNED _____ Contract buyer or authorized representative
--

I acknowledge the cancellation or partial withdrawal by the contract buyer or the authorized representative. PLEASE REFUND _____% PER ORIGINAL PREPAID CONTRACT.

DATE _____ SIGNED _____ Contract provider
--