

MEMO

RELEASE OF ACCUMULATED INCOME FROM ESCROW

TO: Escrow Agent

c/o: Abbit Management Corp.
P.O. Box 267
Grand Haven, Michigan 49417
FAX: 800-842-9075

DATE: _____

FROM: _____
CONTRACT PROVIDER

REFERENCE #: _____ BENEFICIARY: _____

In accordance with MCL 328.222 (8), of the Prepaid Funeral and Cemetery Sales Act, Act 255 of 1986, as amended, I am electing to receive the accumulated income generated by the above referenced account. I understand that this amount may not exceed the net amount of income earned in the previous 12 months less any amounts paid to the escrow agent for expenses and fees, and less the amount of the Detroit Consumer Price Index for the previous 12 months.

I calculate that the amount I am entitled to receive is: _____

Please forward a check in that amount as follows:

Name of Provider: _____

Address: _____

Authorized Signature of Provider: _____