

ABBIT MASTER TRUST

DEATH CLAIM FORM

FAX TO: 800-842-9075

DATE: _____

FROM: _____

FOR DEATH OF: _____

DATE OF DEATH: _____

REFERENCE # _____

Please forward to Contract Provider:

All funds in the Escrow Account (*this will close this account*)

\$ _____ from Escrow Account

Contract Provider: _____

Provider Address: _____

Provider Phone: _____

PROVIDER SIGNATURE: _____

ACKNOWLEDGEMENT OF DEATH OF CONTRACT BENEFICIARY

I hereby certify that I am the authorized representative of the Contract Beneficiary of the above referenced pre-paid contract, and further certify that the named beneficiary has died. To the best of my knowledge, the Provider has performed all of its obligations under the pre-paid contract.

Name of Representative: _____

Representative Address: _____

Representative Telephone: _____

REPRESENTATIVE SIGNATURE: _____