

ABBIT MASTER TRUST

Provider Change Form:

FAX TO: 800-842-9075

DATE: _____

NAME OF PERSON COMPLETING FORM: _____

CONTRACT BENEFICIARY: _____

REFERENCE # _____

Before death

Following death – Please attach Death Certificate

Please use this form as authorization to change the above reference Prepaid Funeral Contract and Associated Funds from:

Original Provider: _____

New Provider: _____

CHECKS WILL BE MADE PAYABLE TO AND MAILED TO NEW PROVIDER

New Provider: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE REFUND _____% AS DISCLOSED IN ORIGINAL CONTRACT. By signing below, I verify the refund is in compliance with applicable laws and is in agreement with the original prepaid contract entered into with the above named beneficiary. If contract has been certified irrevocable, Contract Buyer/Representative or New Provider shall attach a completed DHS 8A Form.

CONTRACT BUYER/REPRESENTATIVE SIGNATURE: _____

ORIGINAL PROVIDER SIGNATURE: _____

NEW PROVIDER SIGNATURE: _____