

ABBIT MASTER TRUST

Cancellation/Partial Withdrawal

FAX TO: 800-842-9075

DATE: _____

FROM: _____

CONTRACT BENEFICIARY: _____

REFERENCE # _____

CANCELLATION

Before death-Check will be made payable to Purchaser unless an explanation is included as to why this is not the case.

Following death only:

1. Where there are no remains of the deceased
2. Where the remains of the deceased cannot 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

PARTIAL WITHDRAWAL: _____

NOTE: Guaranteed Contract MUST be replaced with revised contract

Check Payable To: _____

Check Mailed To: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE REFUND _____% AS DISCLOSED. 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.

CONTRACT IS NOT CERTIFIED IRREVOCABLE BY MICHIGAN DHS

CONTRACT IS CERTIFIED IRREVOCABLE BY MICHIGAN DHS

PROVIDER SIGNATURE: _____

BUYER/REPRESENTATIVE SIGNATURE: _____