



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

1200 West Third Street; Little Rock, AR 72201-1904
Phone: 501-371-2683 or 800-282-9134; Fax: 501-371-2747
Website: www.insurance.arkansas.gov/finance-prepaid.htm
Email: michelle.fahey@arkansas.gov

SELLER'S AFFIDAVIT FOR CANCELLATION AND CASH SURRENDER OR
RE-ASSIGNMENT OF PREPAID FUNERAL BENEFITS CONTRACT PROCEEDS

On this ___ day of ___, 20___, I, _____, an
authorized representative of _____, of _____,
(Seller)
Arkansas, do state under oath or affirmation that _____ has
(Purchaser)
requested in writing on Form AID FI C3 that the prepaid funeral benefits contract purchased in the total amount
of \$_____ be cancelled or re-assigned and that the withdrawal of \$_____ in
proceeds from the trust fund, annuity contract, or insurance policy are being returned to captioned Purchaser or
re-assigned to _____.
(Substitute Provider)

Note: If the Purchaser is electing to cancel their prepaid contract for the purposes of obtaining a new funeral
provider, the Seller must disclose to the Purchaser that the substitute provider must execute a new
prepaid contract with the like "kind and quality" of merchandise and services.

Identify Bond(s), Security(ies) or Certificate(s) of Deposit, Annuities, Insurance Policies below:

BY: _____
Seller
Authorized Representative

County _____
State _____ Arkansas _____

Subscribed and sworn to or affirmed before me this ___ day of ___, 20___.

Notary Public