

Cooperative Funeral Fund

ACCOUNT UPDATE / CLAIM CERTIFICATE

A Date _____, 20____

Beneficiary _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Purchaser _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Funeral Director _____

Funeral Home _____

B **PAYMENT TO EXISTING ACCOUNT**

This Date received additional payment of \$ _____ /100 to be credited to the account of Beneficiary listed herein.

Please note if above Purchaser is different from original Purchaser _____

C **WITHDRAWAL**

DUE TO:

_____ Cancellation of Revocable Agreement (notification from purchaser)

_____ Default by Purchaser

_____ Death of Beneficiary (attach Certificate of Death)

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULLY PERFORMED THE OBLIGATIONS UNDER THE PRE-NEED AGREEMENT, OR REVOKES OR TERMINATES THIS AGREEMENT FOR THE ABOVE REASON.

FUNERAL DIRECTOR