

BURIAL FUND ACKNOWLEDGEMENT

TODAY'S DATE

CASE NAME	CASE NUMBER
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SECTION I. LIFE INSURANCE (LIST POLICIES TO BE USED AS BURIAL FUND)

NAME & ADDRESS OF LIFE INSURANCE CO.	POLICY NUMBER	INSURED	FACE VALUE	CASH VALUE

SECTION II. TYPE AND NUMBER OF ACCOUNT(S)

DATE ESTABLISHED	AMOUNT	ACCOUNT NO.	INTEREST RATE	NAME AND ADDRESS OF BANK OR FINANCIAL INSTITUTION

TOTAL BURIAL FUND AMOUNT

I _____ DECLARE THE ABOVE LISTED RESERVE(S) AS MY AND (SPOUSE'S NAME _____) BURIAL FUNDS WHICH WILL NOT BE USED FOR ANY OTHER PURPOSE.

Client's Signature _____
 Date _____
 Witnessed By _____
 Date _____