

Texas Department of Banking

Special Audits Division

**DEATH MATURITY CLAIM
FOR WITHDRAWAL OF INSURANCE
PROCEEDS TO FUND PREPAID FUNERAL CONTRACT**

PERMIT NUMBER _____

Prepaid Funeral Contract No. _____

Insurance Policy Number(s) _____

Death Benefit Available \$ _____

_____, called SELLER, hereby advises
_____, called DEPOSITORY, that
_____, insured policy holder, has died. A photocopy of the
certified death certificate of the insured policy holder and a copy of the prepaid funeral benefit contract is attached.
SELLER requests the Depository for such funds, to pay SELLER all proceeds of the policy, and the SELLER
agrees that all such funds so paid will be used exclusively toward payment for the funeral services of said insured
policy holder.

Seller's Firm Name (Permit Holder)

Signature of Seller's Approved Designated Agent

Date

Printed Name and Title of Seller's Approved Designated Agent

TO: Depository

A photocopy of the certified death certificate of the above deceased, a copy of the prepaid funeral benefit contract, and an executed copy of this form must be furnished and request made by Seller that the proceeds as set out above, be paid over to it, and you are hereby authorized and directed to make such payment.