

American Funeral & Cemetery Trust Services



Conversion of Prearrangement Trust Revocable to Irrevocable

Date _____

AFCTS Firm Account # _____

I, as Beneficiary _____ and/or Purchaser _____ of a Prearrangement Trust Agreement which names
Initial Initial

_____ as the beneficiary, hereby elect to make that trust irrevocable.
Beneficiary name

Contract # _____ Contract Date _____

Beneficiary Name _____ SS# _____

Purchaser Name _____ SS# _____

I certify that the beneficiary of the trust is a recipient of public assistance, as defined by State and Federal Guidelines, or reasonably anticipates becoming so defined.

I am aware that by electing to make this trust irrevocable:

_____ (a) I have no right or power to alter, amend, revoke or terminate the trust or to receive a refund of
Initial the amount in trust, and

_____ (b) Assets held by the trust in the name of the beneficiary are no longer to be considered in
Initial determining eligibility for public assistance benefits.

I understand the results of this decision.

Firm Name

Beneficiary/Purchaser Name

Firm Representative Name

Beneficiary/Purchaser Signature

Date

Firm Representative Signature

Date

Please return this form in a business reply envelope or fax to:
1-800-769-9063

Questions: please call 1-800-769-9363