

American Funeral & Cemetery Trust Services



Change Order for Preneed Accounts

Date _____

AFCTS Firm Account # _____

To make changes or corrections to your preneed agreements, i.e. beneficiary/purchaser name, address, SS#, etc. please complete this form, providing information for both the beneficiary and purchaser.

After completion of all required information, please check appropriate box(s) next to change(s).

Purchaser's Name _____ SS# _____

Purchaser's Address _____
Street City State Zip

Beneficiary's Name _____ SS# _____

Beneficiary's Address _____
Street City State Zip

Contract Upgrade (explanation) _____

Original Contract Amount \$ _____ New Contract Amount \$ _____

Contract Downgrade (explanation) _____

Original Contract Amount \$ _____ New Contract Amount \$ _____

I hereby authorize AFCTS to make these changes.

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