



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

1200 West Third Street; Little Rock, AR 72201-1904
Phone: 501-371-2683 or 800-282-9134; Fax: 501-371-2747
Website: www.insurance.arkansas.gov/finance-prepaid.htm
Email: michelle.fahey@arkansas.gov

SELLER'S AFFIDAVIT OF CONTRACT PERFORMANCE:
REQUEST TO WITHDRAW FUNDS OR PROCEEDS

On this ___ day of ___, 20___, I, _____, an authorized
representative of _____, of _____,
(Seller)

Arkansas, do state under oath/affirmation that _____ has bonds, securities, demand deposits, or
(Purchaser)
certificates of deposit held in trust in the amount of \$_____; or that the purchaser's prepaid contract is funded by an annuity
or insurance policy; that the contract obligations required of the Seller have been completed; that a withdrawal of proceeds or funds from
the trust, annuity contract, or policy is hereby requested upon submission of a copy of a death certificate.

Identify Bond(s), Security(ies) or Certificate(s) of Deposit, Annuities, Insurance Policies below:

Seller
BY: _____
Authorized Representative

County _____
State _____ Arkansas _____

Subscribed and sworn to or affirmed before me this ___ day of ___, 20___.

Notary Public

Commission Expiration Date