



**ASSURANT**  
Solutions®

P.O. Box 2730  
Rapid City, SD 57709-2730

**Funeral Home  
Change Request**

Insured Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**New Funeral Home Information**

*\* Please note: for Arkansas a copy of the Seller's Affidavit for Cancellation and Refund of Prepaid Funeral Benefits Contract Proceeds form, and an Affidavit and Request of Purchaser to Cancel a Prepaid Funeral Benefits Contract form, must also be completed and submitted to our office before we can process your request. Those forms may be obtained through the Arkansas Department of Insurance or an Arkansas based funeral home.*

Funeral Home Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**Signatures**

*\*Please note: If a power of attorney or guardian signs this form, a copy of the power of attorney or guardianship document is required.*

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Irrevocable Beneficiary Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**For faster processing you may fax this form to our office at 1-605-719-0601.**