

Application For A Non-Specified Funeral Service Plan

This Agreement ___ is IRREVOCABLE ___ is REVOCABLE
(An irrevocable election is not valid for 30 days from the date of this contract)

By And Between

Name of Funeral Home
&

(Hereinafter Referred To As "Purchaser")

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Social Security # _____

WHEREAS PURCHASER desires and hereby request from **FUNERAL HOME** a contract for pre-arranging a funeral service to be funded by an assignment of *Directors Life Assurance Company* ("**DLA**") life or annuity policy. The policy proceeds assigned to said **FUNERAL HOME**, to be used either partially or in full for the purchase of Funeral Merchandise and/or Services in advance of death, with the exact Merchandise and Services to selected at time of death of _____ hereinafter referred to as the **Person Insured**.

NOW, THEREFORE, in consideration of the mutual covenants and agreements of the parties hereinafter expressed, to be faithfully kept and performed by them, it is hereby understood, covenanted and agreed as follows:

PURCHASER agrees to assign the *DLA* life or annuity insurance policy proceeds to the **FUNERAL HOME** for the purpose of funding the **PURCHASER'S** at need funeral service.

THE TOTAL PROCEEDS PAID to the organization under the policy shall not exceed the actual cost of the funeral services and merchandise at the time of delivery; and

IN THE EVENT there are any excess proceeds of the life or annuity death benefit proceeds over and above the amount necessary to pay for the exact merchandise and services selected at time of death, then funds shall be paid by *DLA* to the purchaser, to his or her personal representative or designated beneficiary of the said policy.

"PURCHASER"

"ACCEPTANCE"

By: _____ Signature

"FUNERAL HOME"

Address: _____

City & State: _____

Telephone: _____

Address _____

City & State & Zip _____

Telephone # _____

By: _____

(Please Print Name)

Witness: _____

Purchaser's "Authorized Representative"

(NAME)

Signature of Authorized Funeral Director

(Address)

Date of Acceptance _____

Directors Life Assurance Policy No. _____