PrePlan Funeral Trust

The PrePlan Funeral Trust is a New York Trust Administered for the New York State Funeral Directors Association, Inc. by Funeral Director Support Services, Inc., a New York Corporation. ***The Gold Standard.***

Use of this form is intended solely for active PrePlan participating firms.

General Administration Form

For Existing PrePlan Accounts

GENERAL INFORMATION (This section must be completed in its entirety; failure to do so could delay processing.)

Date of Request: _____/_____/_____ Consumer Account Number: _____

Taxpayer Account SS#: XXX – XX – _____ At-Need Number: _____

Beneficiary's Name: _____

Purchaser's Name: _____

Funeral Home's PrePlan Account #: _____ Funeral Home Name: _____

DEATH PAYMENT / REFUND REQUEST

Request for death payments must be accompanied by a:

1. **Certified Death Certificate, a copy of the Certified Death Certificate, OR a Working Copy of the Death Certificate***
2. **Burial Permit if Available**
3. **Attestation must be signed below for PrePlan Funeral Trust to accept a copy of the certified OR Working Copy of the Death Certificate***

I hereby warrant and represent that I am providing a true and accurate Certified or Working Copy of a valid Death Certificate filed with and through New York State or an equivalent State Death Registration System. I further agree to indemnify and hold harmless New York State Funeral Directors Association, Inc., Funeral Directors Support Services, Inc. and PrePlan, their officers, directors, trustees, employees and their affiliates and their respective successors and assigns against any loss, liability, claim, damage and expense whatsoever arising out of or based upon any false representation, warranty, breach or failure made by me or in any other document furnished by me to any of the foregoing in connection with this transaction.*

By signing below, I am in agreement with the above statement.

Funeral Director's Name: (Print)_____

Funeral Director's Signature:_____

**Working Copy of the Death Certificate must be signed by the funeral director and certifying physician*

☐ **Full Refund**

Full And partial refunds must be accompanied by a
1. **Notarized Purchaser Request for Refund**
2. **Power of Attorney OR Legal Guardian Paperwork** (If applicable)

☐ **Partial Refund:** Amount Requested $ _____

ADDITIONAL DEPOSITS

Amount: $ _____

If the check is made payable to the funeral home on the front, the funeral home must endorse the back of the check and write the words "**Pay to the order of PrePlan**".

CORRESPONDENCE ADDRESS

Please mail all future account statements to:

Name: _____

Street Address: _____ Apt./Suite _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Email: _____

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