



FUNERAL TRUST
CLOSING WITHDRAWAL REQUEST

I, _____ of _____
Authorized Director *Funeral Home*
hereby request a closing withdrawal from account # _____
held for the benefit of _____
Beneficiary Name

Under penalties of perjury I hereby certify that the above named funeral establishment has provided all merchandise and has performed all services as contracted with the above referenced beneficiary. Upon receipt of the funds I agree to hold Washington Savings Bank harmless, and to indemnify it against any and all claims, actions, demands, debt or liabilities resulting from the release of the funds.

Signature *Date*

The following documents are required to accompany this withdrawal request:

- Certified Death Certificate (not a copy)
- Total Cost of Funeral Services Provided \$ _____
- A copy of the final statement of allocation of funds as provided in Section 4.08(7) of the Regulations prepared by the LFE and furnished to the Beneficiary's estate (if preneed trust was not cost-protected)

For Bank Use Only

Date of Request _____
Closeout Amount _____
Check Number _____