



FINAL STATEMENT OF ALLOCATION OF FUNDS/ CLOSING WITHDRAWAL

Name Beneficiary: _____

Account Number: _____

The total amount of funds in the pre-need funeral trust account at the time of the contract beneficiary's death \$ _____

Funeral Home Charges		Non-Funeral Home Charges	
<input type="checkbox"/> Cost-Protected	<input type="checkbox"/> Not Cost Protected	<input type="checkbox"/> Cost-Protected	<input type="checkbox"/> Not Cost Protected
From the original contract on 2(a), the % cost of the funeral goods and services.	_____ %	From the original contract on 2(a), the % cost of the non- funeral goods and services.	_____ %
The amount of funds available in the pre-need funeral trust account which was applied to the funeral goods and services	\$ _____	The amount of funds available in the pre-need funeral trust account which was applied to the non-funeral goods and services.	\$ _____
The total amount of funeral home charges in current pricing.	\$ _____	The total amount of non-funeral home charges in current pricing.	\$ _____
Amount (Short) or Postive	\$ _____	Amount (Short) or Postive	\$ _____
<i>If the funeral home charges <u>were</u> cost protected: Any amount short or positive is absorbed by the funeral home.</i>		<i>If the non funeral home charges <u>were</u> cost protected: Any amount short or positive is absorbed by the funeral home.</i>	
<i>If the funeral home charges <u>were not</u> cost protected. Any amount short is due to the funeral home. Any amount positive is due to the estate.</i>		<i>If the non funeral home charges <u>were not</u> cost protected. Any amount short is due to the funeral home. Any amount positive is due to the estate.</i>	

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. This statement is being provided to the estate in accordance with MA 239 CMR Section 4.08.

The following documents are required to accompany this withdrawal request:

- Certified Death Certificate (not a copy)
- A copy of this form is furnished to the Beneficiary's estate

Authorized Funeral Director Signature / Date

Name:

Funeral Home