

WITHDRAWAL REQUEST

Iowa Prepaid Funeral Trust

Funeral Home Name _____ Preneed Contract # _____

Beneficiary Name _____ SS# _____

Reason for withdrawal (please initial):

_____ Fulfillment of preneed contract for above named Beneficiary.

_____ Cancellation of contract between above named Funeral Home and Beneficiary.

Name and Address to mail check:

_____ Transfer of funds to another trustee by the above-named Funeral Home.

New Trustee Name: _____

Address: _____

_____ Other. Please explain.

☐ Check to be issued or ☐ ACH to be issued ☐ as soon as possible ☐ after interest is next credited

Attached is a copy of ☐ the newspaper obituary, or ☐ death certificate. *One of these is required for fulfillment*

Yellow copy to the Funeral Home.

Original to:

UMB Bank
7155 Lake Drive
Suite 120
West Des Moines 50266

Email: IPFT@umb.com

Fax: 515-368-6070