

TRANSFER FORM

Please fax the completed form to 1.519.584.7292 Attention: Customer Service, or send a completed form via email to customerservice@funeralplans.net.

**Please note: This form may only be used for one transfer.*

Member Certificate Number: _____

Issue Date: _____
(DD/MM/YYYY)

Name of Annuitant: _____

Name of Purchaser: _____

Date of Birth: _____

SIN: _____

Original Funeral Home Information:

Funeral Home Name: _____

Address: _____

Phone: _____

Fax: _____

New Funeral Home Information:

Funeral Home Name: _____

Address: _____

Phone: _____

Fax: _____

Terms and conditions of the original enrollment form still apply to this transfer. Growth rate applied to the original enrollment form will still apply to this transfer.

Original Authorized Funeral Home

Signature: _____

Date: _____

New Authorized Funeral Home

Signature: _____

Date: _____

Annuitant/Purchaser

Signature: _____

Date: _____