

Insurance Funded Prearranged Funeral Agreement (This Agreement is funded by insurance.)

Form with fields for: The funeral is planned for (Funeral Beneficiary): Last Name, First Name; Gender; Date of Birth; Social Security Number; Funeral Beneficiary Address; City; State; Zip; Email; Purchaser (if same as Funeral Beneficiary, write "Same As Above"); Last Name, First Name; Date of Birth; Social Security Number; Purchaser Address; City; State; Zip; Email; Funeral Home Name; Telephone; Location Number; Funeral Home Permit No.; Funeral Home Address; City; State; Zip.

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

SECTION I - SERVICES AND MERCHANDISE

OTHER GOODS AND SERVICES

- Basic Professional Services of Funeral Director and Staff
PACKAGE PLANS:
Direct Cremation
Immediate Burial
Forwarding Remains to Another Funeral Home
Receiving Remains from Another Funeral Home
Other (Name)

- 24-Hour Compassion Helpline
Acknowledgment Cards count
Aftercare Planner
Commemorative Bookmarks count
Everlasting Memorial (MeM)
Flowers (Describe)
Legal Services Membership
Making Everlasting Memorials (MeM) Album
Register Book
Pallbearer Cards count
Prayer Cards count
Service Folders count
Other (HMIS Code)

- CARE AND PREPARATION OF REMAINS:
Embalming
Refrigeration (days)
Other Preparation (HMIS Code)

- Other (HMIS Code)
Other (HMIS Code)
Other (HMIS Code)
Less Discount (HMIS Code)
Less Discount (HMIS Code)

- USE OF FACILITIES AND STAFF:
Use of Facilities and Staff Services for Visitation (days)
Use of Facilities and Staff Services for Services in Our Chapel
Staff Services for Funeral Service in Other Facility
Use of Facilities and Staff Services for Memorial Service (without remains present) at Our Chapel
Staff Services for Memorial Service (without remains present) at Other Facility
Equipment and Staff Services for Graveside Service
Other Use of Facilities and Staff (HMIS Code)

- Other (HMIS Code)
Other (HMIS Code)
Other (HMIS Code)
Less Discount (HMIS Code)
Less Discount (HMIS Code)
Total of Section I

- TRANSPORTATION: (within mile radius of Funeral Home)*
Transferring Remains to Funeral Home
Funeral Vehicle
Family Vehicle (days)
Flower Vehicle (days)
Service Vehicle (days)
Additional Transportation (HMIS Code)

SECTION II - THIRD PARTY ITEMS

These charges are estimates only. No cost guarantee applies. We charge you for our services in obtaining those items marked with an "X".

*Any distance over the allotted mileage indicated above will be charged at the per mile rate in effect at the time of need.

- MERCHANDISE:
Casket Selected (HMIS Code)
Steel ga. Wood (spec)
Bronze oz. St. Steel Copper oz.
Shell style: Square Round Urn
Exterior color:
Interior material/color: Velvet Crepe
Outer Burial Container (HMIS Code)
Urn/Vase (HMIS Code)
Alternative Container (HMIS Code)

- Cemetery
Crematory
Flowers
Obituary
Escorts
Notices
Certified
Outside
Clergy
Death Certificate Copies
Funeral Director's Expense
Musicians/Singers
Hairdressing
Permits
Other (HMIS Code)
Other (HMIS Code)
Other (HMIS Code)
Total of Section II

TOTAL PREARRANGED FUNERAL AMOUNT \$ 1,773.00

SERVICE DESCRIPTION: Interment [X] Cremation Ship Out Immediate Disposition
Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below.

Insurance Funded Prearranged Funeral Agreement (This Agreement is funded by insurance.)

LOCATION OF CERTAIN SERVICES: You acknowledge and agree that embalming, cremating and/or holding of the remains may be performed at the facility of the Funeral Home or at another facility that is duly licensed and equipped to provide such services. If an alternate facility is to be used and its identity is known, it will be identified below:

Embalming Facility:

Crematory:

Holding Facility:

IF THE FUNERAL BENEFICIARY DIES BEFORE ALL PREMIUMS ARE PAID (Purchaser to Initial the Applicable Plan):

___ FULL BENEFIT LIFE INSURANCE POLICY: Provided premiums are current under the Policy, i.e. the Policy is in force, , and health questions were answered correctly and accurately, no additional payment will be required from you (or your family, next-of-kin, or other authorized representative) for the guaranteed merchandise and services.

___ LIMITED DEATH BENEFIT LIFE INSURANCE POLICY: If the Contract Beneficiary dies during the limited death benefit period, you (or your family, next-of-kin, or other authorized representative) will owe the Funeral Home an extra amount for the Funeral Services. The extra amount will be equal to the difference between the limited death benefit payable under the Policy at the time of the Funeral Beneficiary's death and the Total Prearranged Funeral Amount set forth in the Statement of Funeral Goods and Services Selected.

___ INSTALLMENT PLAN / ANNUITY CONTRACT (not applicable to a Single Payment Plan): If the Funeral Beneficiary dies before all premiums have been paid, you (or your family, next-of-kin, or other authorized representative) will owe the Funeral Home an extra amount for the Funeral Services. The extra amount will be equal to the Total Prearranged Funeral Amount set forth in the Statement of Funeral Goods and Services Selected, less the death benefit payable under the Installment Plan/Annuity Contract.

___ (Purchaser to Initial if Applicable) Notwithstanding any other provision(s) of this Agreement to the contrary, you hereby elect and agree to irrevocably waive any right you may have during your lifetime to: (a) cancel or revoke this Agreement and surrender the Policy for cash or (b) obtain a loan against said Policy. Initialing this provision makes the Contract **irrevocable** . **IF YOU MAKE THIS CONTRACT IRREVOCABLE, UNDER THE TERMS OF THIS PROVISION, YOU MAY NOT RECEIVE A REFUND OF ANY PAYMENTS MADE ON THE POLICY USED TO FUND THIS AGREEMENT.**

NOTICE TO PURCHASER: Funeral Home offers for sale caskets and outer burial containers which may be purchased and used, at your option, in connection with the funeral services and final disposition of human remains. However, except for State health requirements (A.R.S. 36-136), the purchase or use of caskets or outer burial containers is not required by law.

Having examined the description of funeral services and merchandise set forth and found it to be correct and according to the arrangements requested, you hereby acknowledge that you have the legal right to arrange the funeral services for the Funeral Beneficiary and that you have reviewed and received a completed copy of this Agreement (including the terms and conditions printed on the reverse side). You also confirm that (i) you have been informed of your right to select only such services and merchandise as you desire, (ii) prior to discussing any of the following: (a) the prices of funeral goods or services; (b) the overall type of funeral service or disposition or (c) specific funeral goods or funeral services offered by us, you received a current General Price List; and (iii) you were shown (or given such lists where applicable by law) a Casket Price List and Outer Burial Container Price List upon beginning discussion of, but in any event before being shown, caskets and outer burial containers. You also acknowledge and understand that you purchased a life insurance policy/annuity contract to fund this Agreement and that all amounts paid for your policy or contract may not be refundable upon cancellation of said policy or contract.

By providing my number, I authorize seller to call and send text messages to that number, including using automated dialers and/or recorded or artificial voice. These messages may include surveys or other promotional materials. Message/data rates apply. Consent is not a condition of purchase.

Notice: By signing this agreement, the parties agree that any claim they may have against the other shall only be resolved through arbitration and will not be asserted through a class or collective action. The parties further agree to give up their right to a court or jury trial as well as their right of appeal.

IN WITNESS WHEREOF, the parties hereto have executed this Contract on this the 9th day of October, 2025, at:

Funeral Home Other (Complete Notice of Cancellation).

PURCHASER:

	Dexter Morgan	(324) 324-3243
<i>Signature</i>	Printed Name	Telephone Number

FUNERAL HOME:

<i>Signature</i> of Agent or Authorized Preneed Representative (Counselor)	Printed Name (Counselor)	Associate ID#

If this Contract was personally solicited at a place other than Funeral Home's place of business: **YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT.**

SEE THE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS THAT ARE PART OF THIS CONTRACT.

TERMS

In this Agreement, "you" and "your" refer to the Purchaser identified in this Agreement.

"We", "us" and "our" refer to the Funeral Home identified in this Agreement which accepts this Agreement and agrees (by signature of its authorized representative) to provide the Funeral Services in accordance with the terms and conditions of said Agreement. The Funeral Home and its Authorized Preneed Representative are an agent of the Insurance Company and may receive compensation from the Insurance Company should a Policy be issued.

"Funeral Services" refers to the funeral services and merchandise as selected in the Statement of Funeral Goods and Services Selected in this Agreement.

"The Funeral Beneficiary" refers to the person identified in this Agreement as the person for whom the Funeral Services will be provided and who will also be the Insured/Annuitant of the Policy.

The "Insurance Company" refers to [POPULATE NAME, ADDRESS AND PHONE NUMBER OF INSURER, EX. <Forethought Life Insurance Company American Memorial Life Insurance Company with offices at One Forethought Center, Batesville, IN 47006, 1-800 331-8853.>]

The "Policy" refers to the life insurance policy or annuity contract which you have elected to use to fund this Agreement.

YOUR REPRESENTATIONS AND UNDERSTANDINGS

- A. You hereby represent that you: (i) are the only owner of the Policy; (ii) have not assigned the rights to receive the death benefit from the Policy to anyone but us; and (iii) there are no legal proceedings against you for bankruptcy or non-payment of debts.
- B. You agree to pay all the premiums on the Policy when they are due. You will not borrow against the Policy or do anything to reduce the death benefit.
- C. **You hereby acknowledge and understand that no funeral goods or services are sold or offered for sale by us pursuant to this Agreement. Those goods and services shall only be sold pursuant to a Statement of Funeral Goods and Services Selected/Purchase Agreement between you or your family, next-of-kin or other authorized representative and us at the time of the Funeral Beneficiary's death.**
- D. You acknowledge, understand, and agree that the Funeral Home is not obligated to honor the price guarantee set forth in this Agreement if any item(s) of service and/or merchandise is (are) changed or deleted after this Agreement has been entered into and signed by you.

LIMITATIONS TO GOODS AND SERVICES PROVIDED

- A. You understand that the Policy proceeds cover only the Funeral Services. We will charge extra for any additional items that are requested at the time final arrangements are made.
- B. You understand that this Agreement does not call for any particular brand or make of merchandise. We will provide comparable services and merchandise that fit the general description given in this Agreement or are of equal quality or better.
- C. In the event the death of the Funeral Beneficiary is outside the Funeral Home's servicing area, additional transportation and service charges may be incurred.

CHANGES IN PRICES

- A. You understand that our current retail prices may increase due to inflation or for other reasons. However, the total price at the time of performance for the Funeral Services (except non-guaranteed cost third-party items) will not exceed the death benefit under the Policy (plus any extra amount that must be paid under the section "IF THE FUNERAL BENEFICIARY DIES BEFORE ALL PREMIUMS ARE PAID").
- B. You also understand and acknowledge that any death benefit available under the Policy for non-guaranteed cost third-party items listed will be used to offset the current retail price of such items at the time of need. Any increases in the death benefit amount will be credited to the items whose price is guaranteed. No death benefit increases will be credited toward the non-guaranteed cost third party items.

OUR RESPONSIBILITIES

- A. Regardless of whether the policy has been made irrevocable, at any time, you or your family, next-of-kin or other authorized representative may request that a new funeral home be appointed to provide the Funeral Services. You must ask for this change in writing. The new funeral home must agree in writing to provide the Funeral Services in accordance with the terms of this Agreement. However, until all parties concerned have agreed to the new arrangement, we are still responsible under this Agreement.
- B. We will not request the Insurance Company to pay the Policy death benefit until the Funeral Services have been satisfactorily provided and we have received a signed certification to that effect.
- C. If we fail to honor this Agreement for reasons beyond our control, we will assist you or your family, next-of-kin or other authorized representative in locating another funeral home to provide the Funeral Services. If you or your family, next-of-kin or other authorized representative are not satisfied with the substitute arrangements, you may cancel this Agreement and make arrangements with a different funeral home. After death of the Insured/Annuitant, you or your family, next-of-kin or other authorized representative may also elect to cancel this Agreement and the Policy death benefit will be paid to the beneficiary named in the Policy.
- D. If we receive written notice of your cancellation of this Agreement, we will notify the Insurance Company.

ASSIGNMENT

By execution of this Agreement and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, you now transfer to us all rights to receive the death benefit from the Policy issued to fund this Agreement. After we have satisfactorily provided the Funeral Services, and the Insurance Company has received a signed certification to that effect, we have the right to demand and receive payment of the death benefit. We have this right even though a different beneficiary is named in the Policy. A copy of this Agreement will be mailed to the Insurance Company and said Company is hereby directed by you to pay all benefits to us in accordance with this Agreement.

FREEDOM OF CHOICE

Designating the Funeral Home to receive the Policy proceeds does not restrict the Purchaser's right to purchase funeral merchandise and services in the open market, with the advantages of competition, at any time before the Funeral Home provides the funeral merchandise and services as set forth in the Statement of Funeral Goods and Services Selected in this Agreement.

TERMINATION AND CANCELLATION

You understand and acknowledge that you may cancel this Agreement at any time before the funeral goods and services are provided (unless you have elected to make this Agreement irrevocable). After the death of the Funeral Beneficiary, you or your family, next-of-kin or other authorized representative may also cancel this Agreement at any time before the funeral goods and services are provided. Any cancellations must be in writing.

If this Agreement is **IRREVOCABLE**, it may be cancelled at any time by the Purchaser within 30 days of its execution. After the 30 day period, this Agreement may not be cancelled by the Purchaser.

Cancellation of this Agreement does not cancel the Policy, which terminates in accordance with its own terms and conditions. Any premiums paid will be fully refunded if the Policy is cancelled within 30 days of issue. Only the cash surrender value of the Policy is payable if surrendered more than 30 days after issue. During the early years, the Policy cash surrender value may be substantially less than the premiums paid.

The price guarantee does not apply and the Funeral Home may declare this Agreement void and terminated in the event of any of the following: a change in the Policy which negatively affects the Funeral Home's right to obtain the proceeds; nonpayment of Policy premiums when due; cancellation, surrender, or lapse of the Policy; a loan outstanding against the Policy; revoking or changing the Policy assignment; or any other action that results in Policy termination.

ARBITRATION AND CLASS ACTION WAIVER

ANY CLAIM THE PARTIES MAY HAVE, ON AN INDIVIDUAL BASIS, AS A CLASS REPRESENTATIVE OR COLLECTIVELY, RELATING IN ANY MANNER TO THE TRANSACTION, RIGHTS GOODS AND/OR SERVICES CONTEMPLATED BY THIS AGREEMENT ("CLAIM") SHALL BE SUBMITTED TO AND FINALLY RESOLVED BY MANDATORY AND BINDING ARBITRATION PURSUANT TO THE FEDERAL ARBITRATION ACT. ARBITRATION SHALL PROCEED BEFORE A SINGLE ARBITRATOR SELECTED BY MUTUAL AGREEMENT OF THE PARTIES. IF THE PARTIES FAIL TO OR ARE UNABLE TO AGREE ON THE SELECTION OF AN ARBITRATOR, JAMS SHALL SELECT THE ARBITRATOR PURSUANT TO ITS RULES AND PROCEDURES UPON THE APPLICATION OF ONE OR BOTH PARTIES. IN THE EVENT PURCHASER FILES AN APPLICATION WITH JAMS, THE PURCHASER WILL BE RESPONSIBLE FOR THE INITIAL FILING FEE. ALL OTHER FEES WILL BE PAID IN ACCORDANCE WITH JAMS RULES AND PROCEDURES. THE PARTIES AGREE THAT JAMS RULES WILL GOVERN THE ARBITRATION; HOWEVER, FILING WITH THAT ORGANIZATION AND THE DIRECT INVOLVEMENT OF THAT ORGANIZATION IS NOT REQUIRED.

THE PARTIES HEREBY WAIVE ANY RIGHT TO INITIATE OR PARTICIPATE IN A CLASS OR COLLECTIVE ACTION CONCERNING THEIR CLAIM OR THE CLAIM OF ANYONE ELSE, AND THE ARBITRATOR CANNOT PRESIDE OVER ANY CLASS OR COLLECTIVE ACTION. THE PARTIES WILL NOT JOIN OR CONSOLIDATE ANY DISPUTE WITH DISPUTES BROUGHT BY OTHER INDIVIDUALS, UNLESS AGREED TO IN WRITING BY ALL PARTIES. THIS AGREEMENT TO ARBITRATE AND CLASS ACTION WAIVER APPLIES TO ANY CLAIM OR DISPUTE BETWEEN OR AMONG THE PURCHASER, ANY PERSON WHO CLAIMS TO BE YOUR FAMILY MEMBER OR A THIRD PARTY BENEFICIARY OF THIS AGREEMENT, THE SELLER, ANY OF THE SELLER'S EMPLOYEES OR AGENTS, ANY OF THE SELLER'S PARENT, SUBSIDIARY, OR AFFILIATE CORPORATIONS, AND/OR ANY OF THE EMPLOYEES OR AGENTS OF THOSE PARENT, SUBSIDIARY OR AFFILIATE CORPORATIONS. EXCEPT AS MAY BE REQUIRED BY LAW, THE EXISTENCE, CONTENT, OR RESULTS OF ANY ARBITRATION HEREUNDER SHALL BE CONFIDENTIAL AND SHALL NOT BE DISCLOSED WITHOUT THE PRIOR WRITTEN CONSENT OF BOTH PARTIES. IF A COURT OR ARBITRATOR DETERMINES THAT THE CLASS AND/OR COLLECTIVE ACTION WAIVER IN THIS AGREEMENT IS UNENFORCEABLE FOR ANY REASON AND ORDERS THAT A CLASS OR COLLECTIVE ACTION PROCEED WITH REGARD TO A CLAIM, SUCH ACTION MAY NOT PROCEED IN ARBITRATION BUT RATHER MUST PROCEED IN COURT OF LAW, WITHOUT A JURY.

NOTICES IN WRITING

All notices under this Agreement must be given in writing. They must be hand delivered or mailed to the addresses stated in this Agreement. Either you or we can give each other a new address for notice, but only in writing.

THIS AGREEMENT IS COMPLETE

All of the terms and conditions of this Agreement are stated on both sides hereof. This Agreement cannot be changed except by a later written agreement signed by you and us.

SEE THE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS THAT ARE PART OF THIS AGREEMENT.

CUSTOMER SERVICE NUMBER 1-800 331-8853.

GUARANTEED SERVICES & MERCHANDISE

Package Offerings

<u>Qty</u>	<u>Description</u>	<u>Price</u>
1	Basic Services of Funeral Director & Staff	\$100.00
1	Refrigeration (1 days)	\$100.00
1	Use of Facilities/Staff/Equipment for Visitation hours (1 hours)	\$100.00
1	Use of Facilities & Staff for Graveside Service	\$104.00
1	Transfer of Remains into Care of Funeral Home (30 miles)	\$100.00
1	Family Car (1 @ \$10.00/each)	\$10.00
1	Standard Cremation Fee (300 lbs)	\$100.00
1	Other Services (Specify)	\$1.00
1	other merch 1	\$100.00
1	other merch 2 (2)	\$200.00
1	other merch 3 (3)	\$300.00
1	other merch 4 (4)	\$400.00
1	Casket (Name: Cremation Casket 1; Manufacturer: manuf-02; Model Number: 02/7)	\$200.00
Total Package Offerings:		\$1,815.00

*Charges for vehicles include transportation within a 30 mile radius of the Funeral Home. Any distance over the allotted mileage indicated will be charged at the per mile rate in effect at the time of need.

Goods and Services

<u>Qty</u>	<u>Description</u>	<u>Price</u>
1	Outer Burial Container (Model And Name: ej-123 Gold; Description: description outer)	\$33.00
1	Alternative Container (Model And Name: ee-567 Silver; Description: description alternative; Type: liner; Exterior Material: cotton; Exterior Color: white; Interior Material: wood; Interior Color: pine)	\$22.00
Total Goods and Services:		\$55.00

Charges are only for those items that you selected or that are required. If we required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. Any legal, cemetery or crematory requirement that we represented to you as compelling the purchase of any merchandise and services called for by this Funeral Planning Agreement is identified and described below. Embalming Expressly Authorized.

TOTAL GUARANTEED SERVICES & MERCHANDISE	\$1,870.00
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Purchaser Signature:

Preneed Sales Agent Signature:

License Number:

NON-GUARANTEED CASH ADVANCE ITEMS

These charges are estimates only. No cost guarantee applies. We charge you for our services in obtaining those items marked a Check Mark.

<u>Qty</u>	<u>Description</u>	<u>Price</u>
1	Other (specify) Cemetery expenses	\$1.00
1	Other (specify) Miscellaneous expenses	\$1.00
1	Other (specify) Urns and Keepsake Allowance	\$1.00
1	Death Certificates (Qty 22)	\$1.00
1	Flowers	\$1.00
TOTAL NON-GUARANTEED CASH ADVANCE ITEMS		\$5.00

DISCOUNTS

<u>Discount Description</u>	<u>Amount</u>
Tribute (Bronze) bronze's Package Discount:	\$100.00
eliana other:	\$1.00
eliana merch:	\$1.00
TOTAL DISCOUNTS	\$102.00

SCHEDULE A - SUMMARY

GUARANTEED SERVICES & MERCHANDISE:	
Package Offerings	\$1,815.00
Goods and Services	<u>\$55.00</u>
Total GUARANTEED SERVICES & MERCHANDISE (A)	\$1,870.00
Total NON-GUARANTEED CASH ADVANCE ITEMS (B)	<u>\$5.00</u>
Total PRICE (A) + (B) excluding Discounts:	\$1,875.00
Total Discounts:	<u>\$102.00</u>
PREARRANGED FUNERAL AMOUNT (excluding Sales tax):	\$1,773.00
Sales Tax on PREARRANGED FUNERAL AMOUNT:	<u>\$0.00</u>
TOTAL PREARRANGED FUNERAL AMOUNT:	\$1,773.00

Purchaser Signature:

Preneed Sales Agent Signature:

License Number:

Beneficiary Name: Dexter Morgan

Contract: _____

Third-Party - Cash-Advance Items Acknowledgement



Third-party or cash-advance items are those the funeral home obtains and pays for on your behalf from a third party. Cash-advance items may include such things as cemetery or crematory services, pallbearers, public transportation, clergy honoraria, sales tax, musicians or singers, nurses, obituary notices, gratuities, and death certificates.

As part of the prearrangement process, you have the option to designate funds for third-party cash-advance items in your preneed funeral agreement. The following information is provided as a resource to help you identify the third-party items most commonly selected. Unless you specifically select third-party cash-advance items on your preneed funeral agreement, those items will need to be selected and paid for at the time of need.

The most commonly selected third-party items are:

- > Cemetery Items
- > Clergy
- > Crematory
- > Death Certificates
- > Hairdresser
- > Sales Tax
- > Music/Soloist
- > Funeral Escort
- > Transportation
- > Permits
- > Bagpiper
- > Obituary

The cost of the third-party items can vary significantly depending upon the items selected.
The current average amount of third-party items at the time of need is:

By signing below, I confirm that I have read and understand the above. I also acknowledge my pre-need funeral agreement will indicate the third-party cash-advance items that I have prearranged.

Customer Signature: _____ Date: _____

I have discussed the benefits of prearranging third-party cash-advance items, including the typical prices for those items in our market.

Counselor Signature: _____ Date: _____



Section 1: Agent/Producer & Firm Information

Agent/Producer Name	Agent/Producer ID	Phone Number	Firm Name Solana Test Funeral Home 1-26-24	Firm ID 123456
Firm Address 400 E E Butler Pkwy	City Gainesville	State Georgia	Zip Code 30501	

Section 2: Proposed Insured/Owner Information

Proposed Insured Name Dexter Morgan	SSN 980-09-8098	Date of Birth 12-15-1987	Age 37	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number (324) 324-3243
Proposed Insured Mailing Address address b	City city b	State state b	Zip Code 1234		
Owner Name (if different from Proposed Insured) Dexter Morgan	SSN 980-09-8098	Phone Number (324) 324-3243	Relationship to Insured Self		
Owner Mailing Address (where to send policy information) address b	City city b	State state b	Zip Code 1234		
Secondary Addressee Name (for lapse notices)	Address	City	State	Zip Code	
Owner Personal Email Address eliana.fagiolo+b@outsourcearg.com					

Section 3: Health Questions. – To be completed only when applying for a 3 Yr, 5 Yr, 10 Yr, or 15 Yr Multi-Pay Plan

1) In the last five years, has the Proposed Insured been diagnosed or treated by a medical professional for any of the following: cancer; congestive heart failure; stroke; COPD; Alzheimer's/dementia; insulin-dependent diabetes; alcohol or drug dependency; AIDS or Human Immunodeficiency Virus (AIDS virus); or any disease or disorder of the heart, blood, brain, lung, kidney, liver, circulatory system, digestive system, or nervous system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Does the Proposed Insured currently reside in a nursing care facility or been advised in the last five years by a medical professional to reside in a nursing care facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3) Does the Proposed Insured now require assistance with bathing, feeding, dressing, toileting, transferring, or maintaining continence or been advised in the last five years by a medical professional to seek assistance for any of these daily living activities?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If the Proposed Insured answers 'No' to Questions 1, 2, and 3 AND signs the application, Full Death Benefit coverage will be issued. Otherwise, Graded Death Benefit coverage will be issued. If the Proposed Insured answers 'No' to both Questions 2 and 3 AND signs the application, the policy will be issued with Waiver of Premium Benefit Rider coverage. Otherwise, Waiver of Premium Benefit Rider coverage will not be included. Waiver of Premium Benefit Rider coverage is only available for issue ages 0-85.

Total premiums paid over the life of a Multi-Pay Payment Plan equals the modal premium amount times the number of payments, plus the initial premium. The total premiums paid could be more than the death benefit.

Section 4: Plan Type and Payment/Billing Mode

Prearrangement Type:

Guaranteed (Price guarantee not applicable to cash advance items)

Funeral Price
\$ 1,773.00

Down Pay¹/Single Pay Premium Amount
\$

Down Pay¹/Single Pay Face Amount
\$

Multi-Pay Modal Premium Amount
\$ 60.64

Multi-Pay Face Amount
\$ 1,773.00

Multi-Pay Payment Plans:

3Yr 5Yr 10Yr 15Yr

Total Premium Submitted
\$

Total Face Amount Applied For
\$ 1,773.00

Pay Premium Mode:

Monthly Quarterly Semiannual Annual

Initial Payment Options:

Credit/Debit Card Check (Payable to Forethought) Checking/Savings Acct EFT Money Order (Payable to Forethought)

Billing Mode:

Recurring Credit/Debit Card Recurring Checking/Savings Acct EFT Direct Bill

Credit Card Holder Email Address

Will the policy(ies) applied for have any portion of the initial or future premiums paid, or otherwise provided, by anyone other than the Owner? If yes, please provide the following information:

Yes No

Name

Address (Street, City, State, Zip Code)

Relationship to Proposed Owner/Insured

Section 5: Replacement Questions

Does the applicant have any existing life insurance policies or annuity contracts?

Yes No

Is the insurance applied for intended to replace or change any existing life insurance or annuity coverage?

Yes No

Section 6: Beneficiary Information

Beneficiary Name
Dexter Morgan

SSN
980-09-8098

Phone Number
(324) 324-3243

Relationship to Proposed Insured
Self

Street Address
address b

City
city b

State
state b

Zip Code
1234

Section 7: Proposed Insured/Owner Agreement

Confirmation of Prearrangement and Direction to Pay Proceeds:

By signing below, I agree that this coverage is being applied for in combination with and/or in support of a prearranged funeral agreement with the Firm listed above that will provide funeral goods and services upon the death of the Proposed Insured. I hereby direct payment of the death benefit of the policy(ies) to the Firm, up to its full interest as provided in the funeral agreement and contingent upon the Firm's delivery of the funeral goods and services set forth therein. This direction is effective until revoked or the proceeds are assigned to another funeral firm. If the funeral agreement so provides, the amount paid to the funeral firm may be greater than the retail price of the provided funeral. I authorize Forethought to release information regarding my policy(ies) to the funeral firm providing funeral goods and services.

I agree and understand the following:

1. The above information is true and complete to the best of my knowledge and belief.
2. I understand that a material misrepresentation, untrue declaration, or failure to disclose all material facts may result in loss or cancellation of coverage, subject to the conditions and provisions of the policy.
3. I understand that no coverage shall be in effect under a policy until the policy's full first premium has been paid, the policy has been issued while the Proposed Insured is living, and the Proposed Insured's insurability remains unchanged at the time of delivery of the policy.
4. I have read and understand the Fraud Warning and Additional Disclosures on this application.

Section 7: Proposed Insured/Owner Agreement (continued)

I certify that:

1. I have not entered into any agreement or arrangement to make a future sale of the Forethought life insurance policy(ies);
2. I have not entered into any agreement by which I am to receive consideration in exchange for procuring the Forethought policy(ies); and
3. I have received and reviewed a copy of the Preneed Funeral Contract Disclosure, if applicable in the state I reside.

Sign Here	Proposed Insured Signature	Proposed Insured Printed Name Dexter Morgan	City & State (where signed)	Date
Sign Here	Owner Signature (if different)	Owner Printed Name Dexter Morgan	City & State (where signed)	Date

Section 8: Agent/Producer Agreement

To the best of my knowledge, the applicant has an existing life insurance policy or annuity contract. Yes No

Is the insurance applied for intended to replace or change any existing life insurance or annuity? Yes No

Does the Owner intend to use the benefits of this policy to assist in paying funeral-related expenses or other expenses of the Proposed Insured that would otherwise become an obligation of the Owner and/or Proposed Insured's estate/heirs? Yes No

I certify that: I have truly and accurately recorded herein the information supplied by the Owner and Proposed Insured. I have provided a copy of the Preneed Funeral Contract Disclosure, if applicable in the state where the Owner resides.

Sign Here	Agent/Producer Signature	Agent/Producer Printed Name	Date
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Section 9: Fraud Warning

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Section 10: Additional Disclosure(s)

¹When a Down Pay premium is submitted with an application for a Multi-Pay Payment Plan, the Down Pay will be applied as a single premium to fund a Single Pay policy also issued using this application. The accompanying Multi-Pay Payment Plan will be issued as a separate policy, with a separate modal premium and face amount as set forth above.

Policies issued by
Forethought Life Insurance Company ("Forethought")

This form is only required when applying for a multi-year payment plan that provides full first-day insurance coverage.

It allows Forethought to obtain medical records needed to investigate death claims that occur within two (2) years of policy issuance, as provided under the terms of your policy. This authorization becomes null and void after two years.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, the Veterans Administration, or any other medical facility having information as to diagnosis, treatment or prognosis with respect to my physical condition, to release and disclose the entire medical record and any other protected health or other information concerning me within the past five (5) years, without restrictions, to Forethought. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the treatment of alcohol, drug and tobacco abuse, and mental illness and treatment. This excludes psychotherapy notes. Information relating to HIV test results will only be disclosed as permitted by applicable state law.

I understand that the protected information is to be disclosed under this authorization so that Forethought may administer claims, determine or fulfill responsibility for coverage and provision of benefits, and conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Forethought. Any protected information obtained will not be released by Forethought.

I understand that this authorization shall remain in force for **twenty-four (24) months** from the date shown below if used in connection with an application for an insurance policy, an application for reinstatement of an insurance policy, a request for change in policy benefits, or for the duration of a claim if used for the purpose of collecting information in connection with a claim for benefits under a policy.

I understand and agree that a copy of this authorization is as valid as the original and that I or my authorized representative will receive a copy of this authorization with my policy. I understand and agree that this authorization may be revoked by me at any time in writing, by sending a written notice of revocation to One Forethought Center, Batesville, IN 47006, attention to New Business. I agree that Forethought shall be fully protected if it acts in reliance on this authorization prior to receiving notice of revocation or to the extent that Forethought has a legal right to contest a claim under an insurance contract. Any information that is disclosed pursuant to this authorization may be redisclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this authorization to release my complete medical records, Forethought may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments.

Signature of Insured or Legal Representative			Date (mm/dd/yyyy)
Primary Care Physician			Telephone
Street Address	City	State	Zip Code

Policies issued by
Forethought Life Insurance Company ("Forethought")

Prepare for
Dexter Morgan

Date (mm/dd/yyyy)

Funeral Amount
\$ 1,773.00

Acceptable Payments: Credit/Debit Card, Checking/Savings Acct EFT, Check (Payable to Forethought), or Money Order (Payable to Forethought)

Payment Options	Monthly Payment	Multiple Payments ¹			Total Cost	Cost Per Day
			Number of Months	=		
3 Years	\$ 60.64	x	36	=	\$ 2,183.04	\$ 2.02
5 Years	\$	x	60	=	\$	\$
10 Years	\$	x	120	=	\$	\$
15 Years	\$	x	180	=	\$	\$

You can convert your policy to a paid-up status prior to the first policy anniversary. Please call (855) 207-0818 for more information regarding your specific plan.

The coverage being purchased to fund your funeral plan is either a Full Benefit Plan or Graded Benefit Plan. Coverage limits are detailed below. Full Coverage is provided for accidental death.

<input type="checkbox"/> Full Benefit Plan	Full face amount is effective from the issue date. If the insured dies in the first two years, we will review for contestability.			
<input checked="" type="checkbox"/> Graded Benefit Plan	Pay Plan(s)	Months 1-12	Months 13-24	Months 25+
	3	50% Face Amount	Full Face Amount	Full Face Amount
	5, 10, and 15	30% Face Amount	70% Face Amount	Full Face Amount

I understand and agree that:

- This form is intended for preneed planning purposes only and does not in any way alter the terms of any preneed insurance policy or annuity contract issued to me by Forethought Life Insurance Company, the terms of which shall control.
- The total premiums paid may exceed the funeral amount and/or the death benefit payable under the policy.
- If all scheduled premiums are paid throughout the payment terms of the policy, the total cost of the plan I have selected is displayed above.
- I confirm that I was presented with the information I requested on the payment options that were applicable to me and have voluntarily selected the plan that best suits my needs.

Sign Here	Insured's Signature	Insured's Printed Name Dexter Morgan	Date (mm/dd/yyyy)
Sign Here	Owner's Signature	Owner's Printed Name Dexter Morgan	Date (mm/dd/yyyy)
Sign Here	Agent's Signature	Agent's Printed Name	Date (mm/dd/yyyy)

¹Products and features are subject to state variations and state availability.

Global Atlantic Financial Group (Global Atlantic) is the marketing name for The Global Atlantic Financial Group LLC and its subsidiaries, including Forethought Life Insurance Company and Accordia Life and Annuity Company. Each subsidiary is responsible for its own financial and contractual obligations. These subsidiaries are not authorized to do business in New York.

Every Detail Remembered™

Dignity®
MEMORIAL



THE DIGNITY® DIFFERENCE.

No two people are exactly alike. We're all made up of little details that make each of us unique and irreplaceable. When it comes to planning a celebration of life, it's important to find a provider that honors these differences, to create a meaningful and fitting service. At Dignity Memorial®, there are many details that set us apart as well. Differences you'll find nowhere else.

Advanced Planning

Relocation Protection

When you have a prepaid plan with a Dignity Memorial provider and wish to transfer the plan to another location more than 75 miles away, every detail of your plan moves with you. All of our prepaid plans are transferable and will be honored by any of the qualifying 1,900 Dignity Memorial providers in North America. That's a promise you won't find anywhere else.

Restrictions apply.

Lifetime Flexibility

If you plan a life celebration with us, but at some point in the future, and for any reason, you would like to add to your plan with new arrangements, you can. With Lifetime Flexibility, if you want to make any changes to your plan, we are always available to discuss your many options.

Restrictions apply.

Purchase Protection Plan

Should you pass away before your purchased cemetery property is fully paid for, your family will receive some financial relief. Our Purchase Protection Plan will help take care of any remaining balance due to the cemetery.

Purchaser must be under 65 years of age; maximum forgiven balance not to exceed \$5,000. Other restrictions may apply.

Family First Cost Protection

We hope this never happens, but when you have a cemetery plan or funeral package with Dignity Memorial and suffer the loss of an unmarried child or grandchild who is under the age of 21, we'll take care of funeral services, cremation services and cemetery interment rights up to the same level as your own plan. This protection is at no cost to you, through any provider in the Dignity Memorial family you choose, nationwide.

Not available in MD and NY. Other restrictions and limits apply.

Immediate Need

100% Service Guarantee

At Dignity Memorial, we take our promises seriously. That's why we offer a 100% service guarantee. We strive to get every detail right the first time, every time. If for some reason we don't and you're dissatisfied with any aspect of your service, we'll fully refund that portion of the service.

See associate for details.

Compassion Helpline®

Our Compassion Helpline offers families unlimited complimentary phone access to professional grief counselors for 13 months after services are provided by any Dignity Memorial provider throughout North America. In addition, anyone who attends a visitation, chapel or celebration of life service will have three months access to the Compassion Helpline and the same licensed grief counselors.

Services provided by Charles Nechtem Associates, Inc.

Free Online Obituary

Every Dignity Memorial service comes with a free online obituary. Here, family members and loved ones can share photos and fond memories with no restricted access or cut-off dates.

Bereavement Travel Assistance

We're here to help you get where you need to be. Our global travel partnerships allow us to assist you and your family with time-sensitive travel arrangements. We'll help find you the best available options so that you can be with your loved ones when and where they need you.

FAMILY FIRST COST PROTECTION CERTIFICATE

FUNERAL

THIS IS NOT AN INSURANCE POLICY

This Certificate is a supplement to that certain Purchase Agreement Number _____ entered into on _____ by the hereinafter named Purchaser and accepted by the _____
Date hereinafter named Funeral Home (hereinafter referred to as "Agreement"), and is subject to all of the terms and conditions set forth in such Agreement.

As an additional benefit, and at no additional cost to the Purchaser, subject to the terms and conditions stated below in the event of the death of any unmarried child (including any legally adopted child/stepchild) or grandchild (including any legally adopted grandchild/stepgrandchild) under the age of 21 of the Purchaser of a pre-need agreement or of the Deceased if this purchase is being made at the time of need, Funeral Home will, whenever possible, provide for that deceased child or grandchild merchandise and services similar to those being purchased under the Agreement. This Certificate is only applicable to the purchase of a Dignity package of pre-need or at-need funeral merchandise and services.

The foregoing obligations of the Funeral Home are subject to the following conditions and restrictions:

- A. To the best of his or her knowledge, Purchaser certifies that all children and/or grandchildren are in good health and not under the care of a medical practitioner for any chronic ailment or disease.
- B. Purchaser shall not be in default of any installment payment due under the Agreement for a period exceeding 30 days.
- C. Benefits are valid only if the services and merchandise of a like-priced Dignity Memorial® provider funeral home are utilized. (Not available in Maryland and New York.)
- D. Benefits for each child and grandchild will be limited to services and quality of merchandise comparable to the services and merchandise selected on the attached Agreement, and does not include any third party or cash advanced items.
- E. Benefits not available for deaths by suicide.
- F. In the event the above-referenced Agreement is cancelled for any reason whatsoever, this Family First Cost Protection Plan shall become null and void in its entirety.

FUNERAL HOME

<u>Solana Test Funeral Home 1-26-24</u> Name of Funeral Home	<u>Gainesville</u> City	<u>Georgia</u> State/Province	<u> </u> Date
<u>Dexter Morgan</u> Purchaser	<u>12/15/1987</u> Date of Birth	<u> </u> Counselor	<u> </u> No.
<u> </u> Co-Purchaser	<u> </u> Date of Birth	<u> </u> Accepted by	

THIS CERTIFICATE IS NOT TRANSFERABLE AND HAS NO CASH VALUE

Dignity[®]
MEMORIAL

RELOCATION PROTECTION BENEFIT ADDENDUM

In conjunction with that certain Purchase Agreement Number _____ (the "Contract") entered into by Solana Test Funeral Home 1-26-24 Dignity Memorial® Provider, the ("Provider") and Dexter Morgan the ("Purchaser").

The Provider and the Purchaser agree to the terms of this Relocation Benefit Addendum as follows: If Purchaser has timely paid in full all sums due pursuant to the terms of the Contract and wishes to geographically relocate the funeral or interment rights, products, and services contemplated under the Contract from the Provider's location to a Dignity Memorial® affiliated location more than 75 miles or 120 kilometers away in the United States or Canada (the "Affiliated Location"), then, Purchaser will be entitled to the Relocation Benefits, as specified.

BENEFITS

A. Interment Rights.

1. Purchaser may exchange the interment rights purchased from the Cemetery for interment rights of comparable type and/or character at the Affiliated Location, subject to availability at the Affiliated Location, at no additional cost up to a maximum of a \$40,000 transfer. More specifically:
 - a. Developed interment rights will be exchanged for developed interment rights, undeveloped interment rights for undeveloped interment rights;
 - b. Ground interment rights will be exchanged for ground interment rights;
 - c. Similarly, lawn crypts, mausoleum crypts and niches will be exchanged for lawn crypts, mausoleum crypts and niches, respectively.
2. If the Purchaser selects interment rights at an Affiliated Location of a different type and/or character that are of greater value than those purchased under the Contract, a credit in the amount of the purchase price of the interment rights, including endowment care, as set forth in the Contract, will be allowed toward the purchase of the new interment rights.
3. If the Purchaser selects Interment right(s) of comparable type and/or character that are of a lesser value, no cash refund or credit of the difference will be given to the purchaser.

B. Merchandise

1. Cemetery Merchandise
 - a. Marker. If the Contract includes the purchase of a Bronze Memorial, Granite Memorial or Granite Base, referred to collectively as "Marker," the Purchaser shall be entitled to the benefits described below:
 - i. Purchaser will be provided a comparable marker at the Affiliated Location at the time of need at no additional cost as long as the Marker has not already been manufactured and stored or delivered to or installed by Provider.
 - ii. If the Contract includes a Marker which has been manufactured and stored or delivered or installed by Provider at the time of the transfer request, upon receipt by the Cemetery of a written request from Purchaser, said Marker will be removed and shipped to the Affiliated Location at Purchaser's expense.
 - iii. If the Purchaser does not authorize shipment of Marker or the Marker is of a type unacceptable to an Affiliated Location pursuant to the Affiliated Location's rules and regulations or standard business practices, Cemetery may take possession and dispose of the Marker and retain any funds received from the salvage of the Marker.
 - b. Outer Burial Container. If the Contract includes an Outer Burial Container, a comparable outer burial container will be provided at the Affiliated Location at the time of need.

RELOCATION PROTECTION BENEFIT ADDENDUM

B. Merchandise (*continued*)

2. Funeral Merchandise. If the Contract includes the purchase of a casket, urn, stationery, flowers or other funeral merchandise, then the Purchaser will be provided merchandise of comparable type at the Affiliated Location at no additional cost.

C. Prepaid Services

1. Cemetery. If the Contract includes the purchase of cemetery services identified as "Interment and Recording Services" and/or "Cremation Inurnment and Recording Services," those services will be provided at Affiliated Location at the time of need.
2. Funeral. If Purchaser desires to transfer funeral services, such funeral services will be provided by any Like-Priced Dignity Memorial affiliate funeral home at the time of need.

TRANSFER PROCEDURES

- A. Interment Rights. To exchange interment rights, Purchaser shall deliver an executed Quitclaim and Release of Interest to Provider.
- B. Merchandise. To transfer a Marker which has been manufactured and stored or delivered or installed by Provider, Purchaser shall contact Provider to arrange for shipping. To transfer all other cemetery merchandise or funeral merchandise, Purchaser shall submit a written request to Affiliated Location. Affiliated Location will provide comparable merchandise at the time of need.
- C. Prepaid Services. To transfer any cemetery or funeral services, Purchaser shall submit a written request to Affiliated Location. Affiliated Location will provide such services at the time of need.

ADDITIONAL TERMS

- A. The term "Purchaser" shall include the plural as well as the singular, and if there is more than one Purchaser, both Purchasers must comply with the conditions to be afforded the relocation benefit.
- B. The benefits are valid only for the Purchaser named above. This benefit cannot be transferred, sold or assigned, and has no cash value.
- C. "Like-Priced" is defined as funeral homes with General Price Lists within a 20% variance of each other.
- D. The actual transfer of funeral services and merchandise and cemetery services and merchandise, other than a Marker that has been manufactured and stored or delivered to or installed by Provider, will not occur until the time of need.

FACTS

WHAT DOES SERVICE CORPORATION INTERNATIONAL (SCI) DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> ■ Social Security number and checking account information ■ Transaction history and purchase history ■ Credit history and credit scores
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons SCI chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does SCI share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	Yes
For joint marketing with other financial companies	Yes	Yes
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	Yes	Yes

To limit our sharing	<ul style="list-style-type: none"> ■ Call 1-866-805-9617—our menu will prompt you through your choice(s) or ■ Visit us online: www.sciprivacy.com <p>Please note: If you are a <i>new</i> customer, we can begin sharing your information thirty (30) days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p>
Questions?	Call 1-866-805-9617 or go to www.sciprivacy.com

Who we are	
Who is providing this notice?	This privacy notice is being sent to you on behalf of subsidiaries or affiliates of Service Corporation International ("SCI") that offer pre-need or at-need financing (either directly or as an insurance agent).
What we do	
How does SCI protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does SCI collect my personal information?	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> ■ Give us your contact information or provide account information ■ Apply for financing or for insurance ■ Pay your bills
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ■ Sharing for affiliates' everyday business purposes—information about your creditworthiness ■ Affiliates from using your information to market to you ■ Sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	<p>Your choices will apply to everyone on your account—unless you tell us otherwise.</p>

Definitions

Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ Our affiliates include companies with an SCI name; financial companies such as Trust Advisors Inc. and Sentinel Security Plans, Inc.; and nonfinancial companies such as Dignity Memorial.
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ Nonaffiliates we share with can include third party insurance companies, among others.
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ■ Our joint marketing partners include third party insurance companies, among others.

Other important information

- **California Residents:** California law provides for additional, opt-out rights as to certain sharing with affiliates and with any outside companies we contract with to provide financial products and services. California law also generally requires opt in before sharing with non-affiliates. If you are a California resident you may use the enclosed privacy choices form to exercise your California privacy rights. To the extent that California privacy laws impose heightened or additional requirements with respect to any particular personal information beyond those set forth in the applicable financial and insurance laws, SCI will comply with such additional or heightened requirements. We will not share nonpublic personal information we collect about California residents, with our affiliates for their marketing purposes if you opt out of that sharing, or with non-affiliates for their marketing purposes, without your express consent, except as permitted by law. California residents can visit us online to learn more about our privacy practices: <https://www.sci-corp.com/california-privacy-notice>
- **Nevada Residents:** This notice is provided under Nevada law, pursuant to which additional information is available from: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Suite 3900, Las Vegas, NV 89101; phone 702-486-3132; email: aginfo@ag.state.nv.us. You may be placed on our internal do-not-call list by calling (toll free) 866-805-9617 or emailing privacynotice@sci-us.com.
- **Vermont Residents:** We will not share information we collect about Vermont residents with non-affiliates for their marketing purposes, without your express consent, except as permitted by law. For additional information or to opt-in to such sharing, please contact privacynotice@sci-us.com or call 1-866-805-9617.

ELECTRONIC PAYMENT AUTHORIZATION AGREEMENT

SELLER: Solana Test Funeral Home 1-26-24

CONTRACT(S) #:

PURCHASER: Dexter Morgan

CONTRACT(S) TOTAL: \$1,773.00

Electronic Check Disclosure: When you provide a physical check as the Down Payment, you authorize Seller to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. You will not receive your check back from your Financial Institution.

ELECTRONIC DEBIT (RECURRING OR SINGLE PAYMENT)

I authorize Seller or its affiliate SCI Shared Resources, LLC (collectively, "Seller") to charge my Credit Card the amount(s) of the Down Payment and/or Subsequent Monthly Payments set forth below. By selecting the Subsequent Monthly Payments option, I authorize Seller to automatically charge my Credit Card the Subsequent Monthly Payment amount on a monthly basis until the Contract(s) identified above is/are paid in full.

I understand that this authorization begins immediately and will remain in full force and effect until my Contract(s) is/are paid in full or I cancel it by notifying Seller in writing (c/o Billing Department, 1929 Allen Parkway, Houston, TX 77019), by email (cashprocessing@sci-us.com), or through my online account. I understand that Seller requires at least 15 days prior notice in order to cancel this authorization.

I certify that I am the owner and/or authorized signer on this Credit Card and will not dispute these scheduled recurring transactions with my credit card company, so long as the transactions correspond to the terms of this Agreement.

<input type="checkbox"/> Savings <input type="checkbox"/> Checking	<input type="checkbox"/> Down Payment \$ _____	<input checked="" type="checkbox"/> Subsequent Monthly Payments \$60.64 Billing Date: <input type="checkbox"/> 5th <input checked="" type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
Financial Institution:		Account Holder's Name:
ABA Routing #:		Account #:

CREDIT CARD (RECURRING OR SINGLE PAYMENT)

I authorize Seller or its affiliate SCI Shared Resources, LLC (collectively, "Seller") to charge my Credit Card the amount(s) of the Down Payment and/or Subsequent Monthly Payments set forth below. By selecting the Subsequent Monthly Payments option, I authorize Seller to automatically charge my Credit Card the Subsequent Monthly Payment amount on a monthly basis until the Contract(s) identified above is/are paid in full.

I understand that this authorization begins immediately and will remain in full force and effect until my Contract(s) is/are paid in full or I cancel it by notifying Seller in writing (c/o Billing Department, 1929 Allen Parkway, Houston, TX 77019), by email (cashprocessing@sci-us.com), or through my online account. I understand that Seller requires at least 15 days prior notice in order to cancel this authorization.

I certify that I am the owner and/or authorized signer on this Credit Card and will not dispute these scheduled recurring transactions with my credit card company, so long as the transactions correspond to the terms of this Agreement.

<input type="checkbox"/> Down Payment \$	<input type="checkbox"/> Subsequent Monthly Payments \$	Last Four Digits of Credit Card:
	Billing Date: <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th	
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Cardholder's Name: (as it appears on the card)		Zip:

Seller is providing you with a completed copy of this Agreement. Please retain it for your records.

Name: Dexter Morgan	Signature:	Date:
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After processing, cut here, redact and shred.

Credit Card #:		CVV:	Exp. Date:
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ORIGINAL: Seller COPY: Purchaser

Consent to authorize a transaction to be conducted by electronic means & receive documents & disclosures through electronic means



Thank you for considering SCI Shared Resources, LLC (“SCI”) and Forethought Life Insurance Company (“FLIC”) (collectively referred to as “we” or “us”). Please carefully review the information below regarding authorizing a pre-need funeral or pre-need cemetery transaction to be conducted by electronic means and receiving SCI’s customer document packet, which contains various documents regarding a pre-need funeral contract/agreement or a pre-need cemetery contract/agreement (collectively, the “SCI Customer Document Packet”), and any related future notices, documents, or disclosures (collectively, “Other Documents”) electronically via the email address you will provide to us.

If Insurance or Annuity coverage (“Insurance”) is used for the funding of the transaction, this consent also authorizes FLIC to provide all Insurance-related documents, notices, disclosures and communications related to your pre-need contract/agreement electronically. This may include, but is not limited to: Your application or enrollment form for Insurance, declarations page, policy packet, certificate, terms and conditions, claims adjudication, billing statements, administrative forms, cancellation and nonrenewal notices, customer satisfaction surveys, marketing of complimentary products, and changes to the terms of Your Insurance (collectively, the “FLIC Packet”).

GETTING PAPER COPIES: As directed below, you may contact a representative of SCI to obtain at no charge any part of the SCI Customer Document Packet and any Other Documents in paper form instead of obtaining them electronically, or you may contact a representative of FLIC to obtain at no charge any part of the FLIC Packet in paper form instead of obtaining them electronically.

WITHDRAWING YOUR CONSENT: As described below, you may elect to receive the SCI Customer Document Packet, Other Documents or the FLIC Packet only in paper form. If you elect to receive the SCI Customer Document Packet, Other Documents or the FLIC Packet only in paper form after you have already signed this form electronically, such documents will be provided to you in paper form as soon as possible. In the event you decide not to continue further with a pre-need funeral or pre-need cemetery transaction to be conducted by electronic means at any time either before or after you sign this form, we will stop processing your submission and will discuss with you the option of you entering into a paper contract if you are interested in doing so.

DOCUMENTS TO BE PROVIDED ELECTRONICALLY: We will provide the SCI Customer Document Packet, any Other Documents and the FLIC Packet to you electronically either via the email address you will provide to us or via USB drive if requested. We reserve the right to deliver the SCI Customer Document Packet, any Other Documents and the FLIC Packet in paper form.

HOW TO CONTACT US: If you wish to (a) change the email address where we send the SCI Customer Document Packet to you, (b) request paper copies of any documents in the SCI Customer Document Packet we provided to you electronically (which paper copies will be provided to you at no charge), or (c) withdraw consent to receive any documents in the SCI Customer Document Packet electronically, please email us at **DoNotContact@Sci-U.S.com** and provide (1) your email address (including your previous and new email address, if you are contacting us to let us know of a change in your email address), (2) your full name, (3) your mailing address, (4) your telephone number, and (5) your account number with us.

If you wish to (a) change the email address where we send the FLIC Packet to you, (b) request paper copies of any documents in the FLIC Packet we provided to you electronically (which paper copies will be provided to you at no charge), or (c) withdraw consent to receive any documents in the FLIC Packet electronically, please email us at **ask.us@gafq.com** and provide (1) your email address (including your previous and new email address, if you are contacting us to let us know of a change in your email address), (2) your full name, (3) your mailing address, (4) your telephone number, and (5) your policy number with us.

REQUIRED HARDWARE AND SOFTWARE: As long as you can access the email account you will provide to us, you will only need Adobe Reader (or similar PDF reader) software to access the SCI Customer Document Packet, Other Documents or the FLIC Packet. To retain a copy of any of the documents we provide to you, you may print them or save an electronic copy, in which case you may need up to 5 megabytes of available disk space.

Until I notify SCI or FLIC as described above, by initialing below:

_____ I authorize my pre-need funeral or cemetery transaction with SCI to be conducted by electronic means, and I consent to receive the SCI Customer Document Packet, Other Documents and the FLIC Packet exclusively through electronic means

Signature

Date