

Butler-Stumpff & Death Certificate Information State of Oklahoma

1. LEGAL NAME (First, Midd		2.	SEX	3. SOC	IAL SECURITY NUMBER			
4. EVER IN THE ARMED FORCES? 5. DATE OF DEAT ☐ YES ☐ NO			Н		6. DATE	OF BIRTI	1	
7. BIRTHPLACE (City and State or Foreign Country) 8		8a. l	RESIDENCE State	8b. RESIDENCE County 8c. RESIDENCE City or To		8c. RESIDENCE City or Town		
8d. RESIDENCE ZIP Code 8e. RESIDENCE Inside City Limits'			? 8f. RESIDENCE Stre	et and	Number			
9. MARITAL STATUS Married Never Married Widowed Divorced Married but Separated Unknown			POUSE'S NAME (If wife, gir					
11. FATHER'S NAME (First,)	Middle, Last)			12. MOTHER'S NAME PR	RIORTO	FIRST MARE	RIAGE/MA	AIDEN NAME (First, Middle, Last)
13. DECEDENT OF HISPAN describes whether the decedent is box if this does not apply to deced	Spanish, Hispanic, or L			14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)				
■ No, not Spanish, Hispan	·					or African A		
				☐ American Indian or Alaska Native(Name of the enrolled or principal tribe)				
Yes—Mexican, Mexican	n American, Unica	ano		☐ Asian Indian		Chinese		□ Filipino
☐ Yes—Puerto Rican				Japanese		□ Korean		□ Vietnamese
□ Yes—Cuban				Other Asian (speci				
Yes—Other Spanish, His	spanic or Latino			□ Pacific Islander (specify)				
(specify):			Other (specify)					
•	9th-12th grade, no . AA, AS) 🔲 Ba	o diploma chelor's Deg	🖵 l gree (e	ligh school graduate or .g. BA, AB, BS) 🔲 M	· GED o	ompleted		Some college but no degree MA, MS, Meng, MSW, MBA)
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done; L			k done; D	OO NOT USE RETIRED)		17. KINE	OF BUS	SINESS/INDUSTRY
18a. Informant's name				18b. l	Relationship	to Dece	dent	
18.c Mailing address (Street & Number, City, state, ZIP)								
I hereby certify the above i	nformation is true I underst FICATES (\$16.50 e	and correct and the Star ach):	t as sta te will o	ated or with noted corre charge me to make any	ections chang	s. I have car es in the fut	efully pro ture.	IECESSARY CHANGES of read the above information
gnature								
I (or my designee) will pick up in person				Mail via regular mail (not guaranteed)				
Mai	I via certified U.S.	Mail (\$20.0	0 char	ge)	()vernight m	ail (UPS	or FedEx, \$30.00 charge)
	2103 East 3rd S	Street • Tu	lsa, Ol	K 74104 • (918) 587-7	000	Butler-Stu	mpff.coi	m ₁₃



Preneed Agreement and Assignment - Funded by Insurance Benefits Exhibit 1: **STATEMENT of GOODS & SERVICES**

For the Benefit of:SSN				
(An irrevocable election is not valid for 30 days from the date of this contract)				
In agreement with and an Irrevoca	able or a F	Revocable Assignment to: Butler-Stumpff & Dyer Fun	eral Home	
Guaranteed Services and Merch	andise			
COMPLETE PACKAGE	\$	MERCHANDISE		
	····	Cremation Receptacle	\$	
CEDVICEC		Name		
SERVICES		Mfg		
Basic Services of Licensed Personnel and Staff	\$	Color/Type Interior		
Embalming	\$	Urn	\$	
Other Preparation	\$	Name		
Refrigeration	\$	Mfg		
Use of Crematory	\$	Material/Color		
Facilities, Equipment and Staff		Urn Vault	\$	
Viewing	\$	Name		
Final Goodbye	\$	Mfg		
Staff & Equipment for Ceremony	\$	Material/Color		
Retrieval of Certified Death Certificate	\$	Other Merchandise		
Other Services	_ \$		\$	
Other Services	_ \$			
Automotive Equipment			\$	
Transfer of Remains to		Total Merchandise	\$	
Butler-Stumpff & Dyer Funeral Home	\$		т	
Ceremonial Coach	\$	TOTAL GUARANTEED SERVICES	ф.	
Service/Utility Vehicle	\$	IUIAL GUARANIEED SERVICES	\$	
Mileage Charge	\$			
Total Service:	s \$			
Non-Guaranteed Services and N				
Copies of Death Certificate / Rate \$	\$	Est. Sales Tax	\$	
OCME Permit	\$	TOTAL NON-GUARANTEED ITEMS	\$	
Facility Rental	\$	TOTAL GUARANTEED ITEMS	\$	
State Funeral Board Assessment	\$	TOTAL ALL ITEMS	\$	
Other	\$	DISCOUNTS/CREDITS	_(\$)	
Total Non-Guaranteed Items	s \$	FINAL TOTAL	\$	
		ected by the funeral purchaser or that are requ		
required by law or by a cemetery or a cremo	atory; or 11 embain	ning is required, the reasons will be explained in	i writing below:	
Exhibit 1 above and the PRENEED agreement and	assianment on the r	reverse side shall constitute the terms and conditions o	of this agreement.	
Agreement and Assignment by:		Agreement and Assignment by:	<u> </u>	
(Signature of Purchaser)	(date)	(Signature of Authorized Representative)	(date)	
(Algulatore of Foreilaser)	(date)	(o.g. atore of Authorized Representative)	(adic)	
(Address)	(Phone)	2103 East 3rd Street • Tulsa, OK 74104	1	
, 555,	()	phone (918) 587-7000		
(City & State) (Zip Code)	Butler-Stumpff.com		

For the Benefit of:

AGREEMENT | The provider agrees to provide the cremation services as specified on Exhibit 1 in consideration of an assignment of death benefits of life insurance or annuity coverage with an initial face amount at least equal to the now-current total retail price for the items selected. All benefits under the coverage will become available for disbursement upon the death of the cremation recipient.

The contract to be funded by a life insurance policy issued in the face amount of the current purchase price of the contract for prepaid cremation benefits; the recipient shall be the same individual under the contract as the insured under the life insurance policy; and the disbursement of life insurance proceeds to the organization shall constitute payment in full to the organization for the services and merchandise contracted for.

GUARANTEE | This contract is a price guarantee, however, it may not be effective immediately depending upon the type of coverage purchased.

If the purchaser funds the agreement with limited benefit life insurance coverage which does NOT have an initial death benefit that is at least equal to the face amount, the guarantee becomes effective immediately when the coverage is issued.

If the purchaser funds the agreement with limited benefit life insurance coverage which does NOT have an initial death benefit that is at least equal to the face amount, the guarantee becomes effective only when the limited benefit provisions of the coverage expire.

LIMITATION OF GUARANTEE | If the purchaser funds this agreement with limited benefit life insurance coverage and the cremation recipient dies during the limited benefit period, the party responsible for the cremation must pay any difference between the available death benefits and the then-current prices.

CASH ADVANCES | Cash advances are amounts established to pay for items which are not guaranteed. At the time these items are provided, those responsible for payment for cremation expenses must pay any difference between the current retail price and the advanced amount.

PERFORMANCE | The prices shown on Exhibit 1 are the now-current retail prices. The excess will be paid to the beneficiaries. The beneficiaries may authorized payment of excess proceeds for additional items which are desired but not specified on Exhibit 1.

FREEDOM OF CHOICE | This agreement may be canceled at any time prior to the performance by the provider. Charges are only for those items that are used. If required by law to use any items, the provider will explain the reasons in writing. The purchaser, during his/her lifetime and thereafter, the purchaser's next of kin or legal representative retains the right to select the provider that will supply the services and merchandise; however, if any alternate provider is so selected, this agreement shall become null and void and the original provider agrees to then relinquish all claims to the life insurance or annuity proceeds.

CANCELLATION | The cancellation of this agreement does NOT cancel the life insurance or annuity, which may only be canceled according to the terms of the life insurance or annuity.

OBLIGATIONS | This agreement shall be void unless the purchaser applies for and has issued the life insurance coverage, pays all premiums due, fully maintains the cash values intact, and the death benefits thereof are assigned to the provider.

EMBALMING | If a cremation is selected that may require embalming such as a cremation with viewing, the cremation purchaser may have to pay for embalming. The cremation purchaser does not have to pay for embalming that was not approved if arrangements such as a direct cremation or immediate burial were selected. If a charge is made for embalming, the reason will be explained in writing.

SUBSTITUTION If the provider is unable to perform due to the unavailability of merchandise or other factors beyond its control, it may substitute merchandise of like quality in lieu of the merchandise selected. If the provider is unable to perform or another provider is chosen, the life insurance or annuity proceeds may be available for use with that provider; however, prices and guarantees would be at the discretion of that alternate provider.

PURCHASER ACKNOWLEDGMENTS | By his/her signature on this agreement, the purchaser acknowledges that a current General Price List, said documents made available to him/her prior to his/her relation of services and merchandise.

ASSIGNMENT | In fulfillment of the consideration required under this agreement, the purchaser must assign to the provider the right to receive any and all death benefits contingent upon the performance by the provider as specified on Exhibit 1.

SEE OTHER SIDE FOR ADDITIONAL TERMS AND PROVISIONS



INITIAL HERE:

AMERICAN CENTURY LIFE INSURANCE COMPANY

4785 E. 91st Street, Suite 200, Tulsa, Oklahoma 74137

Deferred Annuity Application with Funeral Home Assignment

P	ROPOSED ANNUITANT INFO	DRMATION	
Proposed Annuitant Name		Social Security Number	
Street Address		Telephone	
City	State		Zip Code
Date of Birth	Age		Sex: ☐ Male ☐ Female
	OWNER INFORMATION	DN	
Owner Name, if other than Proposed Annuitant		Social Security Number	
Street Address		Telephone	
City	State		Zip Code
Date of Birth	Age		Sex: ☐ Male ☐ Female
	REPLACEMENT INFORM	ATION	
Does the proposed annuitant have existing life insurance or annuity policy? Is the annuity applied for intended to replace any life insurance or annuity policy	☐ Yes ☐ No /? ☐ Yes ☐ No		
ASSIG	NMENT AND BENEFICIARY	INFORMATION	
Assignment: I hereby assign Cremation Society of Oklahoma all of the benefits	s provided by the annuity being applied	for.	
Such assignment is ☐ Revocable ☐ Irrevocable			
Funeral Home Address		Telephone	
Beneficiary Name and Address		Relationship and Percentage	
Beneficiary Name and Address		Relationship and Percentage	
The maturity date	MATURITY DATE e is not applicable in the event the b	penefits have been assigned.	
The maturity date, if applicable, if the later of attained age 70 or 10 year	rs after the issue date unless a late	r maturity date is elected.	
Later maturity date (if elected)			
	TY AMOUNT AND PAYMENT	T INFORMATION	
Total amount of annuity \$	Payment with Application		-
Additional contributions \$ Bank Draft (□ 5th □ 20th) □ Check/	Payments: ☐ Single ☐ M /Money Order from Direct Bill ☐ Visa,		
R	REPRESENTATIVES AND SIG	NATURES	
I represent that all statements and answers contained in this application are full, the entire contract of insurance; (2) no person other than the President or Secret requirements. I understand that a copy of this application will serve as receipt fo	tary of the Company can act for it or mak	ke modify or discharge any part of the contract or waive	e any of the Company's rights and
Signature of Proposed Annuitant			Date
Signature of Owner (if applicable)			Date
Signature of Parent or Guardian if Proposed Annuitant is a minor			Date
Signature of Agent		Agent Number	Date

American Century Life Insurance Company 4785 E. 91st Street, Suite 200 • Tulsa, OK 74137

PROPOSED INSURED (Please Print)

Last First	Initial	Sex Birthd Mo./Day		Age Social Security No t Birthday	
Residence - No. and Street Ci OWNER OF POLICY (Complete if Owner is other	ty or Town than Proposed Insu	State red)	zip	Phone No.	
Last	First	Initial	<u> </u>	,Address	
City BENEFICIARY	State	Zip	SS No.	Relationship to Insured	
(If left blank, the bene- SSIGNMENT: I hereby assign the eing applied for. Such assignment is		Funeral Home		Relationship to Insured	
REQUESTED BENEFITS Limited Death Benefit Plan Years Initial Premium Face Amt. \$ Payable Premium \$ Single Premium Initial Face Amt. \$ Premium \$		JM PAYABLE: Premium: lst. year s = 1st. Year Deat Add'l Benefit 2nd. Year Deat	th Benefit = 50% if Death by Acci	of Face Amt.	
1. Have you been diagnosed with a terminal illness? Yes No. If yes, please exp	21 22 2	5 years or greater lst. Year Death Benefit = 35% of Face Amt. Add'l Benefit death by Accident = 65% of Face Amt. 2.3. Year Death Benefit = 70% of Face Amt. Add'l Benefit if Death By Accident = 35% of Face Amt.			
institution? Yes No. If yes, please explain. 3. Any history of heart trouble, cancer or	Payments Monthly Annually	Check-	O-Matic (Complet	te C.O.M. form and	
diabetes, high blood pressure or kidney trouble? Yes No. If yes, please expl USE BACK OF THIS FORM FOR ADDITIONAL EXPLANATIONS	lain semiannu	Multip	Billing le Billing - (Li	st other policies for	
EPLACEMENT-Will the proposed policy replace ECLARATIONS-I authorize American Century Lifersons who perform or are designated to perford answers contained in this application for t is agreed that (1) No agent of American Ceform the supplication form. (2) No insurance shill the insured is living; (3) All premium ayable to the agent or leave the payee's namopy of this application form will serve as more agent or the supplication form will serve as more contained.	fe to release infor form services on my rm are full, comple entury Life has any hall take effect un a checks must be ma me blank. I have p	(If "Yes," of mation concerning behalf. I represente and true as write and true as write and true authorititit the premium hade payable to Americaid \$	omplete replacements application ent on behalf of the ten, to the besty to change or mes been paid and ican Century Life	ment papers) a form and my policy to those of myself that all statement at of my knowledge and belie addify any of the provisions a policy has been issued is. Do not make checks	
igned at		•	te	, 20	
City ignature of Owner(If other than Proposed Ins	State sured)	Si	gnature of Propo	sed Insured	
gent's Statement: By my signature I certify orm is correct, was recorded accurately, and					

4785 E 91st Street, Suite 200 Tulsa, OK 74137 (918) 712-7770 Fax: (918) 712-7773



Bank Draft Authorization

I (we) hereby authorize American Century Life Insurance Company, hereinafter called Company, to initiate debit entries to me (our) checking or savings account to be drafted each month.

Amount to be drafted:			
Depository Name:			
City, State & Zip:			
Bank Routing #:			
Account #:			
Type of Account:	☐ Checking	□ Savings	
such time and in such manner as to debit entry by notification to Deposit charged, I have the right to have the	afford Company and Deposit ory as such time as to afford amount of an erroneous debi	ory a reasonable opportunity to Depository a reasonable opport t immediate credited to my acc	tten notifications from me (or either one of us) of its termination in act on it. I (or either one of us) has the right to stop payment of a tunity to act on it prior to charging account. After account has been ount, by depository, provided I (we) send written notice of such debitys after posting, whichever occurs first.
Print Name			Dated
Signed		Signed	
be drafted each month.	·		ny, to initiate debit entries to my (our) Visa/MasterCard account to
Amount to be drafted:			
Name on Card:			
Card #:			
Expiration Date:			
Type of Account:	□ Visa	☐ MasterCard	
termination in such time and in suc stop payment of a debit entry by no	ch manner as to afford Com otification to Depository as s have the right to have the ar	pany and Depository a reason uch time as to afford Deposito	I written notifications from me (or either one of us) of its able opportunity to act on it. I (or either one of us) has the right to ory a reasonable opportunity to act on it prior to charging account nmediate credited to my account, by depository, provided I (we)
Print Name			Dated
Signed		Signed	

Butler-Stu	Butler-Stumpff & Dyer Funeral Home 2103 East 3rd Street Tulsa, OK 74104		Contract #
			Date
Received From			\$
For Cremation Expenses Of			
Amount of Account \$	_	Check#	Thank you,
Amount Paid \$		Cash Visa/MC	
Balance Due \$		Amex Life Insurance	

Butler-Stur	mpff & Dyer Funeral Home 2103 East 3rd Street Tulsa, OK 74104	Contract #
		Date
Received From		\$
For Cremation Expenses Of_		
Amount of Account \$		Thank you,
Amount Paid \$	☐ Cash☐ Visa/MC	
Balance Due \$	Amex Life Insurance	