



STATE OF ARKANSAS  
DEPARTMENT OF INSURANCE

1200 West Third Street; Little Rock, AR 72201-1904  
Phone: 501-371-2681 or 800-282-9134; Fax: 501-371-2747  
Web site: [www.arkansas.gov/insurance](http://www.arkansas.gov/insurance)  
E-mail: [rick.toland@arkansas.gov](mailto:rick.toland@arkansas.gov)

SELLER'S AFFIDAVIT OF CONTRACT PERFORMANCE:  
REQUEST TO WITHDRAW FUNDS OR PROCEEDS

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_,  
an authorized representative of \_\_\_\_\_,  
(Seller)

\_\_\_\_\_, Arkansas, do state under oath/affirmation that  
\_\_\_\_\_ has bonds, securities, demand deposits, or certificates  
(Purchaser)

of deposit held in trust in the amount of \$ \_\_\_\_\_; or that the purchaser's prepaid contract  
is funded by an annuity or insurance policy; that the contract obligations required of the Seller have  
been completed; that a withdrawal of proceeds or funds from the trust, annuity contract, or policy  
is hereby requested upon submission of a copy of a death certificate.

Identify Bond(s), Security(ies) or Certificate(s) of Deposit, Annuities, Insurance Policies below:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Seller

BY: \_\_\_\_\_  
Authorized Representative

County \_\_\_\_\_  
State Arkansas

Subscribed and sworn to or affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration Date