APPENDIX B

IMPORTANT NOTICE:
REPLACEMENT OF PREPAID FUNERAL BENEFIT CONTRACT

This document must be signed by the contract beneficiary or the contract designee and the substitute provider seller, and a copy left with the contract beneficiary.

You are contemplating the replacement of your prepaid funeral benefit contract. This replacement will involve discontinuing your prepaid funeral benefit contract with your original selling agent, and you may lose valuable benefits provided under your original contract.

A replacement occurs when a prepaid funeral benefit contract is transferred in connection with your funeral arrangements and with the original seller, and you change your provider on an existing contract. Your prepaid funeral benefit contract will be terminated.

You should carefully consider whether a replacement is in your best interest. You may be able to make changes to your contract to meet your needs at a lower cost,` or you may have to pay higher costs for the same or similar services and merchandise.

We want you to understand the effects of replacements before you make your substitute provider transfer decision and ask that you answer the following questions and consider the questions on this form.

1. Are you forfeiting, or otherwise terminating, your existing prepaid funeral benefit contract?
_____YES _____NO

2. Are you considering using funds from your contract to cover the cost on the new contract?

_____YES _____NO

If you answered "YES" to either of the above questions, list the existing contract you are contemplating replacing:

Selling Funeral Home's Name _____
Date of Contract _____
Contract Beneficiary _____
New Provider Funeral Home_____

Make sure you know the facts. Contact the seller of your prepaid funeral contract for information about your original contract. Ask for and retain both your new contract from the substitute provider funeral home and your original seller's contract. Be sure you are making an informed decision. Make sure you compare your new contract with your existing contract.

I certify that the responses herein are, to the best of my knowledge, accurate:

_____
SIGNATURE of Contract Beneficiary

_____
Date

_____
Designee of Contract Transferred

_____
PRINTED NAME of Contract Beneficiary or
Designee of Contract Transferred

_____
SIGNATURE of Substitute Provider Funeral Home

_____
Date

_____
PRINTED NAME of Substitute Provider Funeral Home