

EXHIBIT C

**ENDOWMENT CARE
WITHDRAWAL REQUEST
Illinois Prepaid Cemetery
Trust**

Cemetery/Funeral Home Name: _____ ID# _____

Reason for withdrawal (please initial):

_____ Withdraw all available reinvested income for above named Cemetery/Funeral Home.

_____ Withdraw partial available reinvested income for above named Cemetery/Funeral Home.

_____ Amount if partial reinvested income \$ _____

Check or ACH to be issued ☐ as soon as possible, or ☐ after interest is next credited. .

****If ACH please provide instructions****

I hereby request withdrawal of all funds held in the above account. I certify, under penalty of perjury, that this request is in compliance with the terms of my contract with the above named Cemetery/Funeral Home, with you, as the custodian of the funds (the "Custodian"), and applicable federal and state law. I hereby release the Custodian from all claims, warranties, implied or expressed, and further responsibility in this matter. I agree to defend and indemnify the Custodian from and against any claims, suits, or actions which may be asserted or brought against the Custodian arising out of its release of trust funds to the undersigned.

Signature of authorized representative of above named Cemetery/Funeral Home

Date _____

Original to:

**UMB Bank
7155 Lake Drive, Suite 120
West Des Moines, IA 50266**

**Email: caremor@umb.com
Fax: 515-368-6070**