
(Date)

(Name of Funeral Home Transferring From)

(Mailing Address of Funeral Home Transferring From)

Dear _____,

This letter is to inform you that I _____ wish to transfer my prepaid burial account from your funeral home to:

**Cooper Funeral Home
215 West Center Street, Medina, New York 14103.**

Please close my burial account and mail the funds (in the form of check payable to me) to Cooper Funeral Home within the required 10 days. If you have any questions please contact Cooper Funeral Home at 585-798-4131.

Regards,

(Print Full Name of Beneficiary)

(Signature of Beneficiary OR Power of Attorney)