

WFT LIQUIDATING TRUST
(f/k/a Wisconsin Funeral Trust)

Funeral Reimbursement Claim Form

Use Only For **NON-GUARANTEED** Burial Agreements

Instructions to Funeral Home

1. Attach a **death certificate or Affidavit of Death** and a **copy of the funeral bill** (statement of goods and services).
2. **THIS FORM IS ONLY FOR NON-GUARANTEED AGREEMENTS.** IF THE BURIAL AGREEMENT IS GUARANTEED, USE THE FUNERAL REIMBURSEMENT CLAIM FORM FOR GUARANTEED BURIAL AGREEMENTS.
3. Only fully and properly completed forms will be accepted for reimbursement.
4. The form must be signed by both the Funeral Home and an authorized representative of the Depositor's Estate.
5. The Funeral Home can obtain the Stated Account Balance from the website for the WFT Liquidating Trust f/k/a Wisconsin Funeral Trust (www.wisconsinfuneraltrust.org) or the Administrator, Fiduciary Partners, Inc.
6. The Trust shall pay the current reimbursement percentage of the Stated Account Balance to the Funeral Home. Except as described below, the Funeral Home has a claim against the Trust for the balance of the trust account.
7. If the Burial Agreement was transferred to the Funeral Home after July 7, 2013, the Trust shall also pay the reimbursement due from the Transferring Funeral Home under the Settlement Agreement to the Funeral Home, and the Transferring Funeral Home shall have a claim against the account for the reimbursement amount it pays to the trust account.

Fiduciary Partners, Inc.
Attention: WFT
3913 West Prospect Avenue, Suite 201
Appleton, Wisconsin 54914
Toll Free: 866-380-9969
Fax: 920-380-9961
Email: WFT@fiduciarypartners.com

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Funeral Home Name: _____ WFT Funeral Home Number: _____

Depositor's Name: _____ WFT Account Number: _____
(social security number)

Date of Service: _____

Total Price on Funeral Bill: \$ _____

WFT Stated Account Balance as of Date of Service: \$ _____

The Funeral Home represents and warrants the following to the Trust and the Depositor's Estate:

1. Check if appropriate:

_____ The Burial Agreement was transferred to the Funeral Home on _____,
20____ by _____ [Transferring Funeral Home].

2. The Total Price on Funeral Bill (set forth above) is the Funeral Home's standard retail price for the goods and services provided.

CHECK ONE:

_____ The Total Price on Funeral Bill (set forth above) is **greater than or equal to** the Stated Account Balance as of the date of service (set forth above) for the funeral trust. The Funeral Home may collect the difference from the Depositor's estate.

TOTAL ADDITIONAL AMOUNT CHARGED: \$ _____

_____ The Total Price on Funeral Bill (set forth above) is **less than** the Stated Account Balance as of the date of service (set forth above) for the funeral trust. The Funeral Home has reimbursed the Depositor's Estate for the difference.

TOTAL AMOUNT REIMBURSED: \$ _____

3. The Funeral Home has not requested any payment from the Depositor or the Depositor's Estate for any payment except for payment, at the Funeral Home's standard retail prices, for goods and services requested by the Depositor's representatives or heirs, the cost of which exceeded the Stated Account Balance as of the date of service.

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Funeral Home Representative's Statement: I represent and warrant that all information above is correct. The Funeral Home requests reimbursement from the Trust. I am authorized to sign this statement. Attached is a death certificate or Affidavit of Death and a true and correct copy of the funeral bill (statement of goods and services).

Signature for Funeral Home: _____ Date: _____
Print name: _____
Print Title: _____

Depositor's Estate Representative's Statement: I certify that I am an authorized representative of the Depositor's Estate.

I am familiar with the Depositor's Burial Agreement, acknowledge receipt of the goods and services originally promised and/or substitute goods and services equal to the aggregate price described in the Burial Agreement or, if changed, I approve of any changes from the original Burial Agreement to the attached funeral bill (statement of goods and services). The Depositor's Estate has received from the Funeral Home any difference to which it is entitled as set forth above.

I have reviewed the Funeral Home's statements above and believe them to be true and correct.

The Depositor's Estate has no further claim against the Funeral Home or the Trust.

The Funeral Home fully completed and signed this form before I signed it. I have received a copy of both pages of this form, signed by the Funeral Home, and the funeral bill (statement of goods and services).

Signature for Estate: _____ Date: _____
Print name: _____