

DISBURSEMENT OF TMC FUNDING PROCEEDS FORM

Deceased Name: _____

Beneficiary Name: _____

Fund Start Date: _____

Fund End Date: _____

Fund Proceeds: \$ _____

Current Funeral Statement Balance: \$ _____

Fund Proceeds Due to Funeral Home \$ _____

Fund Proceeds Due to Beneficiary \$ _____

Beneficiary Address: _____

- The Fund Proceeds exceed the amount of the Funeral Balance and the Beneficiary is entitled to the balance of the Proceeds listed in "Amount Due to Beneficiary" above.
- The Fund Proceeds were less than the amount of the Funeral Balance and the Beneficiary is not entitled to, and will not receive, any Proceeds from the Fund.

Funeral Home Name: _____

Funeral Home Address: _____

Funeral Home Associate Signature: _____

Date: _____

Note: The Funeral Home Associate must sign this form once the fund ends. Please complete this form in its entirety and email this form, the Fund Disclosure, and a current funeral statement to Closedfundraiser@treasuredmemoriesfunding.com. TMC Funding will, within 5 business days after receipt of these forms, pay the Proceeds to the Funeral Home and, if applicable, to the Beneficiary.