

FUND DISCLOSURE

Parties

This Fund Disclosure is between _____ (the "Beneficiary")
and _____ (the "Funeral Home").

Terms

1. The Beneficiary authorizes the Funeral Home to establish, on behalf of Beneficiary, an online fundraising account with Treasured Memories Funding to assist paying the funeral expenses for the deceased listed below (the "Fund").
2. The Beneficiary acknowledges and agrees that the Terms of Use found at treasuredmemoriesfunding.com will apply to the Fund, except as may otherwise be set forth in this Disclosure, and agrees to be bound by the Terms of Use, which hereby are incorporated by reference.
3. The Fund will begin on the date it is posted to the Treasured Memories Funding website and will automatically terminate thirty (30) days thereafter.
4. Proceeds that exceed the Funeral Balance will first be paid to the Funeral Home to pay the Funeral Balance in full, and the excess will be paid to the Beneficiary.
5. Proceeds from the Fund that are less than the Funeral Balance will be paid to the Funeral Home and applied to the Funeral Balance. The Beneficiary is not entitled to, and will not receive, any Proceeds. The Beneficiary acknowledges and agrees that he/she will be responsible for paying the outstanding balance of the Funeral Contract to the Funeral Home in accordance with Funeral Home's Statement of Funeral Goods and Services Selected.
6. Proceeds from the fund will be paid out by Treasured Memories Funding within 5 business days after receiving the Disbursement of Fund Proceeds Form.
7. The Funeral Home does not guarantee any Fund will meet or exceed the goal established by the Beneficiary.

Additional Information

Deceased Name: _____

Fund Goal: \$_____

Signatures

This Disclosure represents the entire agreement between the Beneficiary and Funeral Home with respect to the subject matter hereof. The Beneficiary acknowledges and agrees that he/she understands and is bound by the terms and conditions of this Disclosure.

BENEFICIARY

FUNERAL HOME

Signature

Signature of Funeral Director

Printed Name

Name of Funeral Home

Address

Address

City, State, Zip Code

City, State, Zip Code

Telephone Number

Telephone Number

Email Address

Email Address

Date

Date