

Summum[®]
Rites of Modern Mummification[®] and Transference[®]

Insurance Policy Declaration

TO MY LOVED ONES:

I, _____, have arranged for an insurance policy underwritten by _____ with Summum designated as the owner of the policy and named as the beneficiary. This is my donation to Summum.

The policy number is: _____.

The amount of the policy is: _____.

I desire that Summum, at the time of my death, arrange for and conduct the rites of my Mummification and Transference.

Declarant Signature

Address

City, State, Zip

Phone

Next of Kin Signature

Witness Signature

Date