SUMMUM®

RITES of
MUMMIFICATION$_{sm}$ and TRANSFERENCE$_{sm}$
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