

MISSOURI DEPARTMENT OF SOCIAL SERVICES

FAMILY SUPPORT DIVISION

**BURIAL FUND RESOURCE DESIGNATION**

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| --- | --- |
| CASE NAME      | CASE NUMBER      |
|  |  |
| I hereby declare that (description of resource) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is set aside for the burial of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I understand that I must keep this resource separate from my other resources.I also understand that I may not dispose of this resource for any other purpose than burial. The Family Support Division can exclude up to $1,500 of these resources in eligibility determinations only because I am holding them for burial. I understand that the burial fund exclusion amount is reduced by the face value of any insurance on the life of such individual (or other burial plan) I may own. In accepting this exclusion, I agree not to dispose of the resource in any other way.I agree to report to the Family Support Division:* Any time I use the resource(s) set aside for burial for a purpose not related to burial (inclusing withdrawals or borrowing from the funds).
* Any time I or anyone else makes additional deposits to the burial fund account (not including interest)
* Any time interest is paid to me or my spouse directly from the burial fund.
* Any time I purchase or receive a gift of life insurance, burial contracts, etc., to pay for burial.
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| Signature of Claimant/Spouse | DATE |
|  |
| WITNESS | WITNESS |
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 MO 886-2531 (10-17) IM-99 (10/17)