

MISSOURI DEPARTMENT OF SOCIAL SERVICES

FAMILY SUPPORT DIVISION

**BURIAL FUND RESOURCE DESIGNATION**

|  |  |  |  |
| --- | --- | --- | --- |
| 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. | | | |
| Signature of Claimant/Spouse | | | DATE |
|  | | | |
| WITNESS | WITNESS | | |
|  |

MO 886-2531 (10-17) IM-99 (10/17)