

**PRENEED FUNERAL CONTRACTS  
IRREVOCABLE DOCUMENTARY LETTER OF CREDIT  
MODEL FORM**

(Bank Name and Address on Bank Letterhead)

Applicant: (Applicant Name)  
(Applicant Address)

Beneficiary: South Carolina Department of  
Consumer Affairs  
2221 Devine Street, Ste. 200  
P.O. Box 5757  
Columbia, SC 29250-5757

Letter of Credit No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Dear Sir/Madam:

We hereby issue this documentary letter of credit in your favor which is available against beneficiary's draft at sight drawn on \_\_\_\_\_ (bank name) \_\_\_\_\_, bearing the clause "drawn under documentary letter of credit number \_\_\_\_\_ accompanied by the following documents:

1. Beneficiary's signed statement addressed to the applicant, stating: \_\_\_\_\_ (applicant's name) \_\_\_\_\_ has failed to comply with the Preneed Funeral Contracts, S.C. Code § 32-7-10 et seq., or has failed to provide contracted for Preneed Funeral Contracts to customers as determined by the Administrator after notice and opportunity for hearing. We are therefore entitled to the sum of \$ \_\_\_\_\_ drawn under letter of credit number \_\_\_\_\_, Or

2. Beneficiary's signed statement addressed to the applicant(s) stating that \_\_\_\_\_ (applicant's name) \_\_\_\_\_ has not replaced this letter of credit number \_\_\_\_\_ with another letter of credit or other evidence of financial responsibility acceptable to the Administrator within 45 days of the expiration date of the credit, and we are therefore entitled to the sum of \$ \_\_\_\_\_ drawn under letter of credit number \_\_\_\_\_."

\_\_\_\_\_  
(Signature of authorized bank officer)  
(Title)