



Report of Active Joint Account Funded Pre-Need Contracts
(Include all Joint Account Funded Pre-Need Contracts written thru August 31, 2010)

The Board requests that you complete and file this report with the Board by **January 31, 2011**. This report will be used by the Board as a component of its financial examinations as required under sections 436.470.2 and 333.315.

This form **must** be accompanied by a validation document from your financial institution verifying the following funds are in joint accounts. **Complete one form for each financial institution that holds preneed joint accounts for the preneed seller/preneed provider completing this report. In lieu of completing Section Two a computer printout generated by your firm that contains the information required, may be attached to this form.**

SECTION ONE

_____ (please print name of seller/provider)		_____ License number (if applicable):
		_____ Provider license number (if applicable):
Name and Address of Financial Institution holding Joint Accounts:		_____ Date Report Completed:

SECTION TWO: List all active joint preneed contracts (if additional space is necessary please use additional pages)

Beneficiary name (for whom the contract is intended)	Original date preneed contract written	Contract number (if applicable)	Face value of preneed contract	Total amount paid on this contract by consumer	Type of joint account (CD, Passbook, etc.)	Individual account number of joint account (CD, Passbook, etc.)	Is the contract Paid In Full	Any misc. funding relative to the preneed contract

SECTION THREE: Please include supporting documentation from the financial institution that verifies the following totals.

Total number of active preneed contracts	Total face value of active preneed contracts	Total amount paid by consumer on active preneed contracts

SECTION FOUR: Notary Section

I hereby swear that the information herein contained, as well as all information on any attachment(s) to this report, is true and complete in every respect and has not been altered or revised.

NOTARY SECTION	SIGNATURE	NOTARY PUBLIC SEAL/STAMP
	PLEASE PRINT NAME AND TITLE	
STATE OF MISSOURI	COUNTY	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____.		
NOTARY PUBLIC SIGNATURE		COMMISSION EXPIRES
NOTARY PUBLIC PRINTED NAME		



