STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS 3605 MISSOURI BOULEVARD

Report of Active Joint Account Funded Pre-Need Contracts

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

P.O. BOX 423 JEFFERSON CITY MO 65102 TELEPHONE (573) 751-0813 (573) 751-1155

00) 735-2966

WF ITF ttp: .mo.gov/embalmers.asp

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 examples and as required under sections 436.470.2 and 333.315.

This form <u>must</u> be accompanied by a validation document from your financial institution verifying the following funds are in joint accounts. Copyright one form for each financial institution that holds prened joint accounts for the prened seller/prened provider completing this report. In lieu of completing Section Two a copyright of generated by your figure the information required may be attached to this form.

information required, may b	be attached to this form.	ovider completing this i	eport. In nea of	completing section	I Two a c	p gener	rated by your r	one photonic the
SECTION ONE								
							license nun	nber (if applicable):
(please print name of seller/pr	rovider)							
(F F F-	,						Provider license r	number (if applicable):
Name and Address of Financi	ial Institution holding Joint Ac	ecounts:					Date Report Com	nleted:
			1				p	F
SECTION TWO: List all ac			ecessary please ı					
Beneficiary name (for whom toontract is intended)	the Original date preneed contrac written	applicable)	Face value of prenoct	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
SECTIC AREE: Please i	include porture ocumenta	tion from the financial ins	vitution that varif	ies the following tot	ale			
						111		
Total number of active pren	cor_acts	Total face value of a	active preneed co	ontracts	1 otal amo	ant paid by con	sumer on active pr	eneed contracts
SECTION FOUR: Notary S	Section							
I hereby swear that the in		ned as well as all inf	formation on a	ny attachment(s)) to this report i	s true and cou	mnlete in every i	respect and has not
been altered or revised.	mormation herein contai	ned, as wen as an im	offilation on a	ny attachment(s)	to this report, i	is true and cor	inpicte in every i	espect and has not
NOTARY SECTION	SIGNATURE		NOTARY PUBLIC SEAL/STAMP					
	PLEASE PRINT NAME AT	ND TITLE			-			
CT ATTE OF	COLINEX				4			
STATE OF MISSOURI	COUNTY							
Subscribed and sworn to (or a	iffirmed) before me this	day of	, 20		1			
NOTARY PUBLIC SIGNAT	URE		COMMISSIO	N EXPIRES	-			
NOTARY PUBLIC PRINTEI	D NAME							

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This page may be duplicated if additional sheets are necessary

neficiary name (for	Original date preneed	Contract	Face value	Total amount	Type of joint	Account	Is the contract	Any misc. 1 ling
om the contract is ended)	contract written	number (if applicable)	of contract	paid on this contract by	account (CD,	number of joint account	Paid In Full	r ati o contract
ended)		applicable)		consumer	Passbook,	(CD,		
					etc.)	Passbook,		
						etc,)		
	15							