



Report of Active Trust Funded Pre-Need Contracts
(Include all Trust 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 examination as required under sections 436.470.2 and 333.315.

This form **must** be accompanied by a validation document from your trustee verifying the following funds are in trust. **Complete one form for each pre-need trustee used by the preneed seller completing this report. In lieu of completing Section Two a computer print out 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:
_____ Name and Address of Trustee:	_____ Provider license number (if applicable):
_____ Date Report Completed:	

SECTION TWO: List all active trust accounts (if additional space necessary please use page 2)						
Beneficiary name (who the contract is intended for)	Original date preneed contract written	Preneed contract number (if applicable)	Face value of contract	Total amount paid on contract by consumer	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		

Sample Form Do Not Use For Renewal

