



DANIEL W. HYNES
COMPTROLLER

www.ioc.state.il.us

FUNERAL OR BURIAL FUNDS ACT

Annual Report Forms

GENERAL INSTRUCTIONS

Each licensee's annual report is due 75 days after the end of the licensee's fiscal year. If needed, upon written request to the Comptroller, an additional extension of 60 days will be granted for good cause. To be considered, requests for extension must be postmarked no later than the due date of your annual report. Please be aware that Section 3 of the Illinois Funeral or Burial Funds Act requires the Comptroller to impose upon a licensee a penalty of \$5 for each and every day the licensee remains delinquent in submitting an annual report within the time required. 225 ILCS 45/3. Incomplete or illegible reports may result in the imposition of the penalty.

Licensees must submit an original report, one copy of the report, and a check or money order in the amount of \$10 payable to the "Comptroller, State of Illinois."

Please send the report to:

Office of the Comptroller • Cemetery Care and Burial Trust Department • 100 W. Randolph, Suite 15-500 • Chicago, Illinois 60601

If you have any questions please contact our office at **1-877-203-3401**.

The Illinois Office of the Comptroller reserves the right to reject incomplete or illegible reports. To that end, please adhere to the following guidelines when preparing your report:

- Return this form with all pages completed and all inquiries answered. All inapplicable spaces should be marked "N/A".
- Information provided by the licensee must be legible and completed in ink.
- Use of computer generated printouts to present the financial data required on supporting schedules is acceptable so long as the appropriate totals are reflected on the forms provided by this office. However, please complete in full the page entitled "Annual Statement of Funeral or Burial Trust Funds" provided by this office.
- Provide all year-end investment reports from banks or trust companies, as applicable.
- Please attach as part of this annual report a copy of the annual report prepared by each insurance company issuing insurance policies and/or tax-deferred annuities used to fund pre-need contracts sold by licensee. The report must list all active policies and annuities written after January 1, 1994 and contain the following information for each policy or annuity: (1) the contract date, (2) the name of insured (3) the policy or annuity number, (4) the beginning of the reporting year face amount, (5) increases to the face amount, (6) surrender/death benefits paid, (7) the end of year face amount, (8) the fiscal year premium paid, and (9) the status of the policy (e.g., cancelled, cash surrender, death, extended term, in force, limited death benefit, reduced paid up).
- Forms may be duplicated unless otherwise indicated.

Explanation of Terms

Terms used throughout the Funeral or Burial Funds Act Annual Forms have the meanings indicated below.

Beneficiary	The person specified in the pre-need contract upon whose death funeral services or merchandise shall be provided or delivered.
Corporation	A statutory entity having authority under law to act as a single person distinct from the shareholders that make it up and having rights to issue stock and exist indefinitely. 805 ILCS 5/1.01, <i>et seq.</i>
Custodian	A depository institution (e.g., a bank) holding funds entrusted to a licensee or independent trustee pursuant to the Illinois Funeral or Burial Funds Act.
Independent Trustee	A trustee, other than the licensee, that has a written agreement with the licensee to hold and administer funeral or burial funds and who must manage this property for the benefit of the consumer pursuant to the Illinois Funeral or Burial Funds Act. 225 ILCS 45/1, <i>et seq.</i> Section 1b of the Illinois Funeral and Burial Funds Act mandates licensee to entrust all funds over \$500,000 with an (multiple) Independent Trustee (s). 225 ILCS 45/1b.
Insurance Agent	Individual licensed from the Department of Insurance to sell life insurance in the State of Illinois.
Corporate Fiduciary	A trust company; the trust department of a bank, savings bank, savings and loan association, a foreign banking corporation issued a certificate of authority pursuant to the Foreign Banking Office Act; or any person that is required to and has received a certificate of authority under this act authorizing the exercise of trust powers. A national bank or federally chartered savings and loan association or savings bank which is authorized by the appropriate federal agency to accept and execute trust and which has its principal place of business in this state, whenever in this act such construction is necessary so that the national bank or federally chartered savings and loan association or savings bank may enjoy and exercise in this state all of the powers, rights and privileges authorized or permitted to a corporate fiduciary holding a certificate of authority under the Corporate Fiduciary Act. 205 ILCS 620/1-5.05.
Licensee	A person issued a license by the Office of the Comptroller pursuant to the Illinois Funeral or Burial Funds Act. 225 ILCS 45/1, <i>et seq.</i>
License Number	A unique number assigned by the Office of the Comptroller to a licensee under the Illinois Funeral or Burial Funds Act.
N.A.I.C. Number	Number assigned to an insurance company by the National Association of Insurance Commissioners.
Name of Business	The name under which a business entity is commonly known.
Person	Any person, partnership, association, corporation, or other entity.
Premium	The amount paid in the reporting year to purchase a pre-need insurance policy or annuity.
Pre-Need Contract	Any agreement or contract, or any series or combinations of agreements or contracts, whether funded by trust deposits or life insurance policies or annuities, which has for a purpose the furnishing or performance of funeral services or the furnishing or delivery of any personal property, merchandise, or services of any nature in connection with the final disposition of a dead human body.
Trustee	A person authorized to hold funds in trust under the Illinois Funeral or Burial Funds Act.

ANNUAL STATEMENT
Illinois Funeral or Burial Funds Act

License Number _____

Fiscal Year End Date _____

NAME OF LICENSEE

NAME OF BUSINESS

FEDERAL EMPLOYER IDENTIFICATION NUMBER, IF APPLICABLE

STATE OF ILLINOIS TAX IDENTIFICATION NUMBER, IF APPLICABLE

NAME OF PRIMARY CONTACT PERSON

BUSINESS LOCATION ADDRESS CITY STATE ZIP CODE COUNTY

MAILING ADDRESS IF DIFFERENT THAN ABOVE CITY STATE ZIP CODE COUNTY

BUSINESS TELEPHONE () FAX () E-MAIL ADDRESS

Form of Ownership () Association () Sole Proprietorship () Partnership () Corporation
 () Other _____

Corporate Parent or Partnership (if applicable) _____

Corporate Contact Person _____ Telephone Number _____
 (Individual responsible for books and records)

BUSINESS ADDRESS OF CORPORATE PARENT CITY STATE ZIP CODE

1. Please indicate if you are licensed under either of the following:
 ___ Illinois Cemetery Care Act ___ Illinois Pre-Need Cemetery Sales Act
2. Do you operate a Crematory? ___ Yes ___ No
 If yes, list registration number _____
3. Has there been a change in the ownership of the business location under this license number in the last 12 months?
 ___ Yes ___ No If yes, list date of the sale. _____
4. Have you changed the form of ownership in the last 12 months? ___ Yes ___ No
Example: from Individual ownership to Corporate ownership
 If yes, list date of change _____ Changed to _____
5. Have you changed the name of the licensee in the last 12 months? ___ Yes ___ No
 If yes, list date of change _____ Changed to _____
6. Have you changed trustees (independent or licensee) in the last 12 months? ___ Yes ___ No
 If yes, how many times? _____
 If yes, please submit with this form a copy of a valid trust agreement if you have not yet done so.
7. In the last 12 months, has the licensee when acting as trustee changed custodians?
 ___ Yes ___ No
8. Did you use a prepackaged computer application to generate the financial information necessary to complete this annual report?
 ___ Yes ___ No If yes, what is the name of the application? _____
9. During the last 12 months, have you factored, discounted, or sold to a third party installment basis pre-need contracts?
 ___ Yes ___ No

FOR OFFICE USE ONLY- ILLINOIS FUNERAL OR BURIAL FUNDS ACT

Internal Code _____/_____/_____	Fee Received () Yes () No	Received by _____ Date _____
Postmark Date _____/_____/_____	Check # _____ For \$ _____	Entered in full by _____ Date _____
3rd Party: () IFDA () FDSA () SCI () LGII		Verified by _____ Date _____
Other _____		

ANNUAL STATEMENT OF FUNERAL OR BURIAL TRUST FUNDS

Summary of detailed schedules

Held by Independent Trustee(s)

(If applicable)

		PRINCIPAL (A)	INTEREST (B)	TOTAL (C)
1	Total amount of funds, start of year			
2	Total additions during fiscal year			
3	Subtotal (Add lines 1 and 2)			
4	Total withdrawals during fiscal year			
5	Total amount of funds, end of year			

If funds are entrusted with more than one independent trustee, you must provide a detailed schedule reflecting the total amount of funds held by each independent trustee.

Held by Licensee as Trustee

(If applicable)

		(A)	(B)	(C)
6	Total amount of funds, start of year			
7	Total additions during fiscal year			
8	Subtotal (Add lines 6 and 7)			
9	Total withdrawals during fiscal year			
10	Total amount of funds, end of year			

If funds are held at more than one location, you must provide a detailed schedule reflecting the total amount of funds held at each location.

Grand Total — Trust Funds *(must complete)*

		(A)	(B)	(C)
11	Total amount of funds, start of year <i>(Total of lines 1+6)</i>	(1A plus 6A)	(1B plus 6B)	(1C plus 6C)
12	Total additions during fiscal year <i>(Total of lines 2+7)</i>	(2A plus 7A)	(2B plus 7B)	(2C plus 7C)
13	Total withdrawals during fiscal year <i>(Total of lines 4+9)</i>	(4A plus 9A)	(4B plus 9B)	(4C plus 9C)
14	Total amount of funds, end of year <i>(Total of lines 5+10)</i>	(5A plus 10A)	(5B plus 10B)	(5C plus 10C)

Insurance/Annuity (Funds)

Beginning of Year Face Amount	End of Year Face Amount	Total Premium Paid During Fiscal Year

If more than one insurance company is utilized, you must provide a detailed schedule reflecting the total amount of funds for each insurance company.

ANNUAL STATEMENT OF INVESTMENTS

Instructions: Please complete the investment data requested below or use an additional schedule to present the detailed data requested herein and provide the appropriate totals on this form. Subtotal the investment data by the investment categories noted below, indicating the type of investment in Column*. If you prefer, you may list each sub-category on a separate page. Also, please indicate whether the investments are held by the licensee as trustee or by an independent trustee, as appropriate by checking one below.

Licensee as Trustee check one Independent Trustee

Name of Investment	*	Account Number	Institution Name	BEGINNING OF YEAR			PURCHASES OR ADDITIONS					SALES OR DEDUCTIONS					END OF YEAR					
				Qty.	At Cost (1)		Date	Qty.	At Cost (2)		Date	Qty.	Sale Proceeds (3)	Gain (4)	Loss (5)	Qty. (6)	At Cost (7)	Current Value (8)	Income for the Year (9)			
TOTAL:																						

Investment Categories:

(A) Checking and/or Savings Accounts (B) Certificates of Deposits/Share Accounts (C) Treasury Certificates (D) T-Notes, T-Bonds, T-Bills, and Savings Bonds (E) Government agency insured securities, FNMA'S, GNMA'S, and FHLMC'S (F) Stocks (G) Secured corporate debt (H) Unsecured corporate debt (I) Loans (J) Real Estate (K) Other (give description of investment)

ANNUAL STATEMENT OF FUNERAL OR BURIAL TRUST FUNDS

Detailed Schedule of Contracts Funded by Trust Accounts

Instructions: Please complete the information requested below or use an additional schedule to present the detailed data requested herein and provide the appropriate totals on this form. Complete separate schedules reflecting contracts funded by trust accounts held by independent trustee and those held by the licensee as trustee. **Also, please indicate whether the investments are held by the licensee as trustee or by an independent trustee, as appropriate by checking one below.**

Licensee as Trustee
 check one
 Independent Trustee

		BEGINNING OF YEAR				ADDITIONS				WITHDRAWALS				END OF YEAR			
Mo	Yr	Account Name	Depository Name	Account Number at Depository	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest	Total	*	Total Principal	Total Interest	Total
TOTAL:																	

*** Withdrawal Codes (indicate after Total Withdrawal column)**
 (C) Cancellation (D) Death (F) Forfeiture (I) Insurance or Annuity Transfer (P) Purchaser (S) Transferred Account (T) Trustee Fee
Example: When a person dies, list principal, interest, and total amount withdrawn. Next, place (D) under the asterisk*.

CUSTODIAN INFORMATION

Instructions: Please provide the following information, if applicable, as it pertains to the depository of the trust funds for which the licensee is the trustee.

CURRENT NAME

FORMER NAME (if applicable)

STREET, CITY, STATE, ZIP

CONTACT PERSON

TELEPHONE

AMOUNT HELD AS OF DATE OF ANNUAL REPORT \$

CURRENT NAME

FORMER NAME (if applicable)

STREET, CITY, STATE, ZIP

CONTACT PERSON

TELEPHONE

AMOUNT HELD AS OF DATE OF ANNUAL REPORT \$

TOTAL OF ALL CUSTODIAN ACCOUNTS \$

INDEPENDENT TRUSTEE

Instructions: Please provide the following information, if applicable, as it pertains to your current independent trustee(s) and any other independent trustee(s) of the Care Fund during your reporting year.

NAME _____

ADDRESS _____

CONTACT PERSON _____ TELEPHONE _____

TOTAL AMOUNT HELD \$ _____ AT COST

NAME _____

ADDRESS _____

CONTACT PERSON _____ TELEPHONE _____

TOTAL AMOUNT HELD \$ _____ AT COST

NAME _____

ADDRESS _____

CONTACT PERSON _____ TELEPHONE _____

TOTAL AMOUNT HELD \$ _____ AT COST

TOTAL AMOUNT HELD IN TRUST BY INDEPENDENT TRUSTEE(S) \$ _____

	<u>Agreement Date</u>	<u>Cancellation Date</u>

BOND OR LETTER OF CREDIT INFORMATION

Instructions: Fill out the following for each separate Bond Company or Bank as appropriate.

NAME OF BOND COMPANY or BANK HOLDING LETTER OF CREDIT	BOND or LETTER OF CREDIT NUMBER	EXPIRATION DATE	\$ AMOUNT
BUSINESS NAME OF LOCAL AGENT or BANK	NAME OF LOCAL AGENT or BANK TRUST OFFICER	TELEPHONE	
BUSINESS ADDRESS OF LOCAL AGENT or BANK	CITY	STATE	ZIP

NAME OF BOND COMPANY or BANK HOLDING LETTER OF CREDIT	BOND or LETTER OF CREDIT NUMBER	EXPIRATION DATE	\$ AMOUNT
BUSINESS NAME OF LOCAL AGENT or BANK	NAME OF LOCAL AGENT or BANK TRUST OFFICER	TELEPHONE	
BUSINESS ADDRESS OF LOCAL AGENT or BANK	CITY	STATE	ZIP

Total amount of bond or letter of credit: \$ _____

OFFICER / STOCKHOLDER / PARTNER / OWNER

Funeral Home Information

Instructions: Please provide the following information for all persons who newly assumed the following positions as they relate to the licensee during the reporting year: a corporation officer, a stockholder owning 10% or more stock in the corporation, an owner, a partner, or a funeral home member.

FIRST NAME	MIDDLE NAME	LAST NAME		
BUSINESS ADDRESS	CITY	STATE	ZIP	AREA CODE/TELEPHONE NUMBER
RESIDENT STREET ADDRESS	CITY	STATE	ZIP	AREA CODE/TELEPHONE NUMBER
PRIMARY OCCUPATION or PROFESSION				

Funeral Director/Embalming license number from the Department of Professional Regulation, as applicable.

Relationship to Funeral Home or Corporation (e.g., Member, Treasurer, Corporate Board of Directors)

INSURANCE COMPANY INFORMATION

Instructions: List all insurance companies that use your business as a provider of pre-need services or merchandise to be funded by insurance policies or tax-deferred annuities. Include the corporate office of the company, business address, and the person you contact if you have a question. Include the National Association of Insurance Commissioners Number. **NOTE:** All insurance companies must be licensed in the State of Illinois by the Department of Insurance.

BUSINESS NAME

BUSINESS ADDRESS

CONTACT PERSON

TELEPHONE NUMBER

N.A.I.C. NUMBER

FAX NUMBER

BUSINESS NAME

BUSINESS ADDRESS

CONTACT PERSON

TELEPHONE NUMBER

N.A.I.C. NUMBER

FAX NUMBER

**DETAILED SCHEDULE OF CONTRACT PAYMENTS RECEIVED BUT NOT YET DEPOSITED
TO THE FUNERAL OR BURIAL TRUST FUND BY THE END OF THE REPORTING YEAR**

Instructions: List all accounts for which payment was received but not deposited to the Funeral or Burial Trust Fund by the end of your reporting year. Use of additional schedules to present the data required herein is acceptable provided that the appropriate total is reflected on this form.

Date of Contract	Name of Purchaser	Contract Number	Amount Due Trust Fund
TOTAL:			

INDEPENDENT TRUSTEE CERTIFICATION

If licensee has more than one Independent Trustee this form should be copied, completed and notarized for each Independent Trustee.

I, the undersigned _____, Independent Trustee of the investments for
(Name of Licensee) _____ as listed on page ____ of this Annual
Report as of (date) _____, _____ being first duly sworn, state that the
enclosed information is correct to the best of my knowledge.

Please indicate whether or not the bank or trust company provided is a corporate fiduciary (check one):

Corporate Fiduciary Non-Corporate Fiduciary

By checking "Corporate Fiduciary", the endorser attests that the bank or trust company provided herein is a corporate fiduciary as defined under the Corporate Fiduciary Act (205 ILCS 620).

SIGNATURE

NAME OF BANK or TRUST COMPANY

Subscribed and sworn to before me in _____ County, in the State of Illinois by the said
_____ who personally appeared before me in the aforesaid County and State,
this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires _____

NOTARY SEAL

LICENSEE CERTIFICATION

All licensees must complete this section of the report and have it notarized.

I, the undersigned (owner, officer, partner, trustee) _____
of (Name of Licensee) _____ being duly sworn,
state that I have examined this Annual Statement for the year ending _____, _____
and that all information included in this statement is correct to the best of my knowledge and fully complies with all
provisions of the Illinois Funeral or Burial Funds Act, 225 ILCS 45/1, *et seq.*

I further understand that violations of provisions of the above Act may constitute a Class 4 felony.

NAME

TITLE

SIGNATURE

DATE

Subscribed and sworn to before me in _____ County, in the State of Illinois by the
said _____ who personally appeared before me in the aforesaid County
and State, this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires _____

NOTARY SEAL

FUNERAL OR BURIAL TRUST FUND BOND/LETTER OF CREDIT WORKSHEET

The Funeral or Burial Funds Act requires each licensee to maintain a bond or letter of credit in the minimum amount of \$1,000. Additionally, each licensee must maintain additional bonding or credit for funds that are not managed by a corporate fiduciary. Please complete Sections I and II to determine the total amount of bond or letter of credit applicable to you.

Section I.

Fund Identification

Please complete Section I to identify the amount of trust funds that the licensee has entrusted to the management of a corporate fiduciary and those funds that have been entrusted elsewhere.

In completing Section I, please provide the complete name of each person or entity holding funds in trust for the licensee, including the licensee if the licensee acts as trustee for any amount of trust funds. Prior to entering the corresponding amount of funds entrusted to a trustee, determine whether the trustee is a corporate fiduciary as defined under Section 2-10 of the Corporate Fiduciary Act (205 ILCS 620/2-10). You may make this determination by consulting the trustee or by visiting these Internet sites: www.2fdic.gov/structure/trust/search.dfm and www.obre.state.il.us/cbt/regency/btreg.htm. After determining the trustee's corporate fiduciary status, indicate the amount of funds entrusted to the trustee in the appropriate "Entrusted: Corporate Fiduciary" or "Entrusted: Non-Corporate Fiduciary" column.

Generally, a licensee will not have to secure a bond or letter of credit for funds that the licensee has entrusted to either the Illinois Funeral Directors Association (IFDA) or the Funeral Directors Services Association (FDSA). Both the IFDA and the FDSA retain a corporate fiduciary to manage the trust funds that licensees have entrusted to them. Funds that have been entrusted to either the IFDA or FDSA should be listed under the "Entrusted: Corporate Fiduciary" column with IFDA or FDSA listed as corresponding trustee.

Name of Trustee	Column 1	Column 2
	Entrusted: Corporate Fiduciary	Entrusted: Non-Corporate Fiduciary
A)	\$	\$
B)		
C)		
D)		
E)		
F)		
G)		
TOTAL, COLUMNS 1 & 2*	\$	\$

* The amount of funds entrusted with a Corporate Fiduciary when combined with the amount of funds entrusted with a Non-Corporate Fiduciary should equal the Grand Total Amount of Funds, End of Year from Page 3, Line 14, Column C.

Section II.

Calculation of Bond/Letter of Credit Due

Please perform the following calculation to determine the amount of bond or letter of credit the licensee must secure.

Total of Section I, Column 2	\$	
Multiply by .10	X .10	
Total Bond/Letter of Credit	\$	

The licensee must secure a bond or letter of credit in the amount indicated above.
ALL LICENSEES MUST HAVE A MINIMUM BOND OF \$1,000

The bond or letter of credit secured to satisfy the Act must meet certain requirements. The bond or letter of credit must "run to" or "indemnify" the Comptroller, State of Illinois. The amount (or penal sum) of the bond must reflect that which is calculated using this worksheet and the Grand Total Amount of Funds, End of Year, Column C, Page 3. Further, a bond secured to fulfill this responsibility must be executed by the licensee and a surety company authorized to do business in the State of Illinois. A letter of credit secured to fulfill this responsibility must be irrevocable, unconditional and issued by a bank, credit union, or trust company authorized to do business in the State of Illinois.