

PRENEED SELLER RENEWAL/ANNUAL REPORT
Reporting Period: September 1, 2011 - August 31, 2012

Preneed Seller:
License Number:

SECTION H: Trust account information:

Complete one report for each financial institution. If this section doesn't apply please mark NA in the spreadsheet below and continue to Section K.

Section 436.460 RSMo identifies the reporting requirements of trust funded preneed contracts sold pursuant to Sections 436.400-436.525 RSMo. For the time period of September 1, 2011 to August 31, 2012 please list each contract sold.

A. Name of Financial Institution _____ **Date of this report:** _____

Address of Financial Institution _____

- **Trust Account Number:** _____
- **Trust Fund Balance Reported on previous years report** _____
- **Current face value of trust fund (as of 8-31-12)** _____
- **Total trust earnings (interest income) to the seller since the previous report (as of 8-31-12)** _____
- **Principal contributions (total of all payments made to trust, no interest) received by the trustee since the previous report (as of 8-31-12)** _____
- **Total distributions to the seller since the previous report** _____
- **Total expenses, excluding distributions to the seller since the previous report(as of 8-31-12)** _____

For the time period of *September 1, 2011 TO August 31, 2012* please list each contract sold:

Additional sheets are available on our website <http://pr.mo.gov/embalmers>. **In lieu of completing the spreadsheet below, a computer print out generated by your firm or the financial institution that contains the information required may be attached to this form.**

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9
Preneed contract sequential number	Name of preneed contract beneficiary	Address of contract beneficiary	Name of purchaser on preneed contract (if different than name in column 2)	Address of purchaser on preneed contract (if different than column 3)	Face (original) amount of preneed contract	Total distributions to the seller from the trustee	Face value of trust assets assigned to this contract	Fulfilled, cancelled or transferred (if applicable)

SECTION I: Authorization

I hereby authorize the Board to request from the trustee listed in Section H a copy of any trust statement, as part of an investigation, examination or audit of the preneed seller.

Authorized Representative Signature	Title
Print Name	

SECTION J: Certification (section to be completed by a corporate officer of the trustee)

I certify under oath that the information listed in **Section H** that is required by section 436.460 is complete and correct and attested to by a corporate officer of the trustee. The trustee shall be subject to the penalty of making a false affidavit or declaration. **In lieu of completing this certification, a computer print out generated certified, signed & notarized by the trustee that contains the information required by this section may be attached to this annual report.**

NOTARY SECTION	Corporate Officer of Trustee Signature	NOTARY PUBLIC SEAL/STAMP
	Corporate Officer of Trustee Print Name and Title	
State of MISSOURI	COUNTY OF	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____		
Notary Public Signature:		
Notary Public Name Printed:		

PRENEED SELLER RENEWAL/ANNUAL REPORT
Reporting Period: September 1, 2011 - August 31, 2012

Preneed Seller:
License Number:

SECTION K: Joint account information:

Complete one report for each financial institution. If this section doesn't apply please mark NA in the spreadsheet below and continue to Section M.

Section 436.460 RSMo identifies the reporting requirements of joint account funded preneed contracts sold pursuant to Sections 436.400-436.525 RSMo.

A. Name of Financial Institution _____ **Date of this report:** _____
Address of Financial Institution _____

For the time period of *September 1, 2011 TO August 31, 2012* please list each contract sold:

Additional sheets are available on our website <http://pr.mo.gov/embalmers>. **In lieu of completing the spreadsheet below, a computer print out generated by your firm or the financial institution that contains the information required may be attached to this form.**

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9	COLUMN 10	COLUMN 11
Preneed contract sequential number	Date of Preneed Contract	Name on preneed contract	Name of purchaser on preneed contract	Address of purchaser on preneed contract	Individual joint account number	Face amount of preneed contract	Amount on deposit in each account (total amount consumer has paid, as of the last bank statement)	Principal contributions placed into each joint account (total of all payments made, no interest as of the last bank statement)	Total distributions to the seller from each joint account	Fulfilled, cancelled or transferred (if applicable)

SECTION L: Certification (section to be completed by a corporate officer of the financial institution)

I certify under oath that the information listed in **Section K** that is required by section 436.460 is complete and correct and attested to by an authorized representative of the financial institution. The affiant shall be subject to the penalty of making a false affidavit or declaration.

In lieu of completing this certification, a computer print out generated, certified, signed & notarized by the financial institution that contains the information required by Section K may be attached to this annual report.

NOTARY SECTION	Authorized Representative Signature		NOTARY PUBLIC SEAL/STAMP
	Authorized Representative Print Name and Title		
State of MISSOURI	COUNTY OF		
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____			
Notary Public Signature:			
Notary Public Name Printed:			

PRENEED SELLER RENEWAL/ANNUAL REPORT

Reporting Period: September 1, 2011 - August 31, 2012

Preneed Seller:

License Number:

SECTION M: Joint account information:

Report all joint accounts written prior to this reporting period that were active (not fulfilled as of August 31, 2012).

Required by Chapter 436.460.3 (1)-(7)

Complete one report for each financial institution. If this section doesn't apply please mark NA in the spreadsheet below and continue to Section O.

Section 436.460.3 identifies the reporting requirements of joint account preneed funded contracts active as of August 31, 2012.

A. Name of Financial Institution _____ **Date of this report:** _____

Address of Financial Institution _____

Additional sheets are available on our website <http://pr.mo.gov/embalmers>. **In lieu of completing the spreadsheet below, a computer print out generated by your firm or the financial institution that contains the information required may be attached to this form.**

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9	COLUMN 10	COLUMN 11	COLUMN 12
Preneed contract sequential number (if applicable)	Date of Preneed Contract	Name on preneed contract	Name of purchaser on preneed contract	Joint account number	Amount on deposit on each joint account (as of 8-31-12)	Joint account balance as reported in the previous years report (only complete for the ones reported previously as of 8-31-12)	Principal contributions placed into each joint account since the last report (as of the last bank statement)	Total earnings since the previous report (interest income, as of the last bank statement)	Total distributions to the seller from each joint account since the previous report (as of 8-31-12)	Total expenses deducted from the joint account, excluding distributions to the seller, since the previous report (as of 8-31-12)	Fulfilled, cancelled or transferred (if applicable) between September 1, 2011 to August 31, 2012

SECTION N: Certification (section to be completed by a corporate officer of the financial institution)

I certify under oath that the information listed in **Section M** that is required by section 436.460 is complete and correct and attested to by an authorized representative of the financial institution. The affiant shall be subject to the penalty of making a false affidavit or declaration.

In lieu of completing this certification, a computer print out generated, certified, signed & notarized by the financial institution that contains the information required by Section M may be attached to this annual report.

NOTARY SECTION	Authorized Representative Signature	NOTARY PUBLIC SEAL/STAMP
	Authorized Representative Print Name and Title	
State of MISSOURI	COUNTY OF	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____		
Notary Public Signature:		
Notary Public Name Printed:		

PRENEED SELLER RENEWAL/ANNUAL REPORT
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Preneed Seller:
License Number:

SECTION O: Insurance Funded Preneed Contract(s) account information:

Complete one report for each insurance company. If this section doesn't apply please mark NA in the spreadsheet below and continue to Section Q.

Section 436.460 RSMo identifies the reporting requirements of insurance funded preneed contract sold pursuant to Sections 436.400-436.525 RSMo.

A. Name of Insurance Company _____ **Date of this report:** _____
Address of Insurance Company _____

For the time period of *September 1, 2011 TO August 31, 2012* please list each contract sold:

Additional sheets are available on our website <http://pr.mo.gov/embalmers>. **In lieu of completing the spreadsheet below, a computer print out generated by your firm or the insurance company that contains the information required may be attached to this form.**

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7	COLUMN 8	COLUMN 9	COLUMN 10	COLUMN 11	COLUMN 12	COLUMN 13
Preneed contract sequential number	Date of preneed contract	Name on preneed contract	Address of person listed in column 3	Name of purchaser	Address of purchaser	Owner of insurance policy (completion optional)	Face amount of preneed contract	Status of insurance policy (in force, paid in full, lapsed, reduced, paid up, etc.)	Total face value of insurance policy (amount the policy was written for)	Amount of funds the seller directly received on each preneed contract (all monies received)	Date the amount in column 11 was forwarded to the insurance company	Fulfilled, cancelled or transferred

SECTION P: CERTIFICATION (Section to be completed by an authorized representative of the insurance company)

I certify under oath that the information listed in **Section O** that is required by section 436.460 is complete and correct attested to by an authorized representative of the insurer. The affiant shall be subject to the penalty of making a false affidavit or declaration.

In lieu of completing this certification, a computer print out generated, certified, signed & notarized by the insurance company that contains the information required by Section O may be attached to this annual report.

NOTARY SECTION	Authorized Representative Signature		NOTARY PUBLIC SEAL/STAMP
	Authorized Representative Print Name and Title		
State of MISSOURI		COUNTY OF	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____			
Notary Public Signature:			
Notary Public Name Printed:			

PRENEED SELLER RENEWAL/ANNUAL REPORT
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Preneed Seller:
License Number:

SECTION Q: Insurance Funded Preneed Contract(s) w/ Insurance assignments account information:

Complete one report for each insurance company. If this section doesn't apply please mark NA in the spreadsheet below and continue to Section S.

Section 436.460, RSMo identifies the reporting requirements of insurance funded preneed contract sold pursuant to Sections 436.400-436.525 RSMo.

For the time period of **September 1, 2011 TO August 31, 2012** please list each contract sold:

Additional sheets are available on our website <http://pr.mo.gov/embalmers>. **In lieu of completing the spreadsheet below, a computer print out generated by your firm that contains the information required may be attached to this form.**

	A: Name and Address of Insurance Company	B: Name and Address of Insurance Company	C: Name and Address of Insurance Company	D: Name and Address of Insurance Company
Preneed Contract Sequential Number				
Date of preneed contract				
Name on Preneed Contract				
Address of insured in Row 3				
Name of Purchaser				
Address of Purchaser				
Owner of insurance policy(completion optional)				
Face Amount of preneed contract				
Status of insurance policy (in force, paid in full, lapsed, reduced paid up, etc., if known)				
Total face value of insurance policy(amount the policy was written for, if known)				
Amount of funds the seller directly received on each preneed contract (all monies received)				
Fulfilled, cancelled or transferred				

SECTION R: CERTIFICATION (Section to be completed by an authorized representative of the preneed seller)

I certify under oath that the information listed in **Section Q** that is required by section 436.460 RSMo is complete and correct attested to the best of my knowledge.

NOTARY SECTION	Authorized Representative Signature	NOTARY PUBLIC SEAL/STAMP
	Authorized Representative Print Name and Title	
State of MISSOURI	COUNTY OF	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____		
Notary Public Signature:		
Notary Public Name Printed:		

PRENEED SELLER RENEWAL/ANNUAL REPORT
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Preneed Seller:
License Number:
SECTION S:

CONSENT TO INVESTIGATE, EXAMINE AND/OR AUDIT ACCOUNTS, BOOKS AND RECORDS AND ATTESTATION

I hereby authorize and instruct the financial institution(s), insurance companies and the custodian listed on this renewal/annual report to allow at any time without prior notice any inspector, examiner, or auditor of the State Board of Embalmers & Funeral Directors to investigate, examine and/or audit any of seller's joint or trust account(s), established under 436.400 to 436.520 RSMo, or seller's books and records relating to the sale of preneed contracts. I understand that the State Board of Embalmers and Funeral Directors may order this investigation, examination and/or audit at its discretion, and I consent to such an investigation, examination and/or audit. I hereby swear that the information herein contained on this renewal/annual report, 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	Authorized Representative Signature	NOTARY PUBLIC SEAL/STAMP
	Print Name	
State of MISSOURI	COUNTY OF	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____		
Notary Public Signature:		
Notary Public Name Printed:		

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