

PRENEED SELLER RENEWAL/ANNUAL REPORT
Reporting Period: September 1, 2015 - August 31, 2016

Preneed Seller:
License Number:

SECTION H: Trust Account Funded Preneed Contract(s) 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. If no new contracts were sold this reporting period, you are still required to complete Section A if there are consumer funds in trust.

Section 436.460 RSMo, identifies the reporting requirements of trust 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 _____

- **Trust Account Number:** _____
- **Trust Fund Balance Reported on previous years report** _____
- **Current face value of trust fund (as of 8-31-16)** _____
- **Total trust earnings (interest income) to the seller since the previous report (as of 8-31-16)** _____
- **Principal contributions (total of all payments made to trust, no interest) received by the trustee since the previous report (as of 8-31-16)** _____
- **Total distributions to the seller since the previous report (as of 8-31-16)** _____
- **Total expenses, excluding distributions to the seller since the previous report(as of 8-31-16)** _____

B. For the time period of September 1, 2015 TO August 31, 2016 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 (as noted in each column) 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	Fulfilled, cancelled or transferred (if applicable)	If this contract is funded by trust and any other funding source(s), indicate the other source (joint or insurance) and report in the appropriate section(s).

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 of Preneed Seller	Title
Print Name	

SECTION J: Certification (This section must be completed by a corporate officer of the trustee and notarized even if no new contracts were sold)

I certify under oath that the information listed in Section H that is required by section 436.460 RSMo, is complete, 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.**

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
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SECTION K: Joint Account Funded Preneed Contract(s) 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.

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

For the time period of September 1, 2015 TO August 31, 2016 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 (as noted in each column below) 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)	Total distributions to the seller from each joint account	Fulfilled, cancelled or transferred (if applicable)	If this contract is funded by a joint account and any other funding source(s), indicate the other source (trust or insurance) and report in the appropriate section(s).

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

I certify under oath that the information listed in **Section K** that is required by section 436.460 RSMo, is complete, 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.

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:		

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SECTION M: Joint Account Funded Preneed Contract(s) Historical Information:

**Report all joint accounts written prior to this reporting period that were active (not fulfilled as of August 31, 2015).
 Required by section 436.460.3 (1)-(7), RSMo**

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 RSMo identifies the reporting requirements of joint account preneed funded contracts active as of August 31, 2015.

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 (as noted in each column below) 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	Joint account balance as reported in the previous year's report	Principal contributions placed into each joint account since previous year's report (as of the last bank statement)	Total earnings since the previous year's report (interest income, as of the last bank statement)	Total distributions to the seller from each joint account since the previous year's report (between 9-1-15 and 8-31-16)	Total expenses deducted from the joint account, excluding distributions to the seller, since the previous year's report (between 9-1-15 and 8-31-16)	Fulfilled, cancelled or transferred (if applicable) between 9-1-15 and 8-31-16	If this contract is funded by joint account and any other funding source(s), indicate the other source (trust or insurance)

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

I certify under oath that the information listed in **Section M** that is required by section 436.460 RSMo, is complete, 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.**

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:		

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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 contracts sold pursuant to sections 436.400-436.525 RSMo.

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

For the time period of September 1, 2015 TO August 31, 2016 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 (as noted in each column below) 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	COLUMN 14
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	If this contract is funded by insurance and any other funding source(s), indicate the other source (joint or trust) and report in the appropriate section(s).

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

I certify under oath that the information listed in **Section O** that is required by section 436.460 RSMo, is complete, correct and 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.

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:		

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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 contracts sold pursuant to sections 436.400-436.525 RSMo.

For the time period of September 1, 2015 TO August 31, 2016 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 (as noted in each column below) 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				
If this contract is funded by another funding source, indicate the other source (trust or joint) and report in the appropriate section(s).				

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

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

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:		

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Preneed Seller: _____

License Number: _____

SECTION Q: Insurance Funded Preneed Contract(s) w/ Insurance Assignments Account Information: (this page to be used in conjunction with page 8 of the annual report)

For the time period of September 1, 2015 TO August 31, 2016 please list each contract sold:

	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				
If this contract is funded by another funding source, indicate the other source (trust or joint) and report in the appropriate section(s).				

