

## **Common Questions for Completing the Preneed Seller Application:**

**To change the physical address, mailing address, or phone number for the Preneed Seller, you can send an email, fax or mail a letter to the board stating those changes.**

### **Type of License:**

**Box 1:** All new applicants will check this box.

**Box 2:** Choose this box if you are wanting to change your DBA name only (fictitious name registered with the Missouri Secretary of State [SOS] . Any other changes would fall under a new application, (Box 1)

**Question 1 Name of Seller:** List the Owner's name here-: **Sole Proprietor:** (John Doe) **Corporation S or C corps:** (ABC Funeral Home, Inc.), **Partnership:** (John Doe and Jane Doe) **LLC:** (ABC Funeral Home, LLC) this must match how the entity is registered with the Secretary of State.

**Question 4:** DBA Name; If you choose to do business by any other name than your Entity Name, you must register as fictitious name with the SOS. The address listed on the fictitious name must match the physical street address of the location on the application.

**Question 8:** This is the person in charge of the Preneed Seller License and its applicable duties, this person the board will reach out to when scheduling the financial examination or any questions regarding this license.

**Question 10a:** Registered Agent - The person listed as the registered agent with the corporation or LLC with the Secretary of State.

**Question 10b:** SSN and MO ID: you must include the person listed in box 9a's Social Security Number and the Registered Missouri Sales Tax ID number.

### **SECTION A Ownership Information:**

List each officer, director or manager and any shareholders with 10% or greater ownership interest in the preneed seller.

Check the box under section A if all Owners, Members, or Officers could be licensed under Chapter 333.330:

### **SECTION B Agent Information:**

Please list all Preneed Agents that will be associated with this Preneed Seller license. These include Preneed Agents and Preneed Agent Funeral Directors that have been issued a registration by the Board and have an agreement to write preneed contracts for this preneed seller.

### **SECTION C Providers Associated with Preneed Sellers:**

Please list all locations that have a Preneed Provider license that has an agreement with this Preneed Seller to honor the preneed contracts. These include only Funeral Establishments and Cemeteries licensed or have a pending license as a Preneed Provider by the Board.

### **SECTION D Designation of Custodial:**

Please list custodian of the records for the Preneed Seller, the address of the custodian and the address where the physical records are kept.

### **SECTION E Background: These should be answered for the applicant listed in Question 1**

Question 1: Would be answered YES if the owner (s) have ever held another license. This could include a funeral establishment, funeral director, embalmer, insurance or any other licensure issued by any state.

**Questions 2-9:** If you answer **YES** to any questions, you **MUST** provide a written response and certified court documents for each incident.

### **SECTION F Account Information:**

**Trust Accounts:** Please list the Financial Institution that houses the trust account for this preneed seller: Example: ABC Funeral Trust is housed by XYZ Bank. their physical and mailing address; the EXACT name on the account; account number; contact person for the trust account at that bank and a telephone, fax and or email to contact them. You will need to submit a letter from the bank that proves they have trust powers in Missouri. If this seller uses an outside preneed company you do not need to list that trust account here.

**Joint Accounts: (Certificates of Deposits or Money Market Accounts)** The EXACT name of the bank, physical and mailing address, telephone number, contact person for the joint accounts at the bank and their telephone, fax and or email address.

**Insurance Companies:** Name of the Insurance Company, Physical and Mailing Address, Contact Person for the Insurance Contracts and their telephone, Fax and or Email address.

**SECTION H:** This section should be completed by the person authorized to conduct business on behalf of this entity.