PRENEED RENEWALS
PRENEED SELLER ANNUAL REPORTS

• Reporting period is September 1st to August 31st each year.

• Annual Reports must be filed and processed by the Board office before October 31st or the Seller is not authorized to practice.

• Annual Reports/Renewals received after October 31st will be required to submit a delinquent fee as well as the renewal fee and file the Reinstatement form provided by the Board office.

• **ALL PAGES MUST BE RETURNED WITH THE RENEWAL**

• Please only provide information that is requested in each section.

• Please return the renewal in order by page number and any attachments placed with the appropriate sections.

• It is requested that you return the renewal/annual report to the board office by **October 1st** to ensure there is ample time to review the forms and return them if necessary for corrections or missing items.

• If you submit attachments with your renewal it is requested that those documents are printed on paper that is not larger than legal size paper (11x14)
SECTION F:

- This section is for the Seller to report all contracts sold in the reporting period. If no contracts were sold place a zero in each column.

<table>
<thead>
<tr>
<th>Number of Preneed Contracts Sold: (Give totals for each)</th>
<th>Face Value of These Contracts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracts in which payments are deposited into a trust.</td>
<td>$</td>
</tr>
<tr>
<td>(do not report any money you have trusted with another seller)</td>
<td>$</td>
</tr>
<tr>
<td>Contracts in which payments are deposited into joint accounts</td>
<td>$</td>
</tr>
<tr>
<td>Insurance funded preneed contracts.</td>
<td>$</td>
</tr>
<tr>
<td>Insurance Assignment funded preneed contracts</td>
<td>$</td>
</tr>
<tr>
<td>Total Number of Contracts Sold *</td>
<td>Total Face Value of All Contracts:</td>
</tr>
</tbody>
</table>

* Multiply total number of contracts sold by $25.00 and this will be the fee you will remit to the State Board of Embalmers and Funeral Directors.
If you did not sell any trust funded contracts you need to mark NA or None on this page and continue to Section K.

Section A is for reporting trust funded balances, even if trust contracts weren’t sold this reporting period.

Section B is for reporting trust funded contracts sold during the reporting period. **Only provide a listing of contracts that were sold during the reporting period, you do not need to provide historical information for this section.** ALL Columns must be completed.

Section I must be completed if you are completing Sections A or B

Section J must be signed and notarized by the trustee. The trustee can provide a certification of their letterhead as long as the certification language matches what is provided on the annual report.

The next slide provides a sample of Section H.
SECTION II: Trust Account Funded Prewed Contract(s) Information: (This section applies to both pre and post S-28-2009 trusts.)
Complete one report for each financial institution. If this section doesn't apply please mark N/A in the spreadsheet below and continue to Section III. If no new contracts were sold this reporting period, you are still required to complete Section II if there are consumer funds in trust.

Section 436-460 RSMo, identifies the reporting requirements of trust funded prewed contracts sold pursuant to sections 436-400-436.525 RSMo.
A. Name of Financial Institution
B. Address of Financial Institution
C. Date of this report:

<table>
<thead>
<tr>
<th>Trust Account Number</th>
<th>Trust Fund Balance Reported on previous year's report</th>
<th>Current face value of trust fund (as of 0-31-18)</th>
<th>Total trust earnings (interest earned) in the period from the previous report (as of 0-31-18)</th>
<th>Principal contributions (total of all payments made to trust, no interest received by the trust since the previous report (as of 0-31-18)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

R. For the time period of September 1, 2017 to August 31, 2018 please list each contract sold:

Additional sheets are available on our website http://psmo.gov/tauheirs. In lieu of completing the spreadsheet below, a computer printout generated by your firm or financial institution that contains the information required (as noted in each column) may be attached to this form.

<table>
<thead>
<tr>
<th>COLUMN 1</th>
<th>COLUMN 2</th>
<th>COLUMN 3</th>
<th>COLUMN 4</th>
<th>COLUMN 5</th>
<th>COLUMN 6</th>
<th>COLUMN 7</th>
<th>COLUMN 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>Prewed contract beneficiary</td>
<td>Address of contract beneficiary</td>
<td>Address of trust account</td>
<td>Name of trust account (as taken from column 8 in the previous report)</td>
<td>Amount of principal contributed (as per the Department of Trusts)</td>
<td>Interest in the order (as per the Department of Trusts)</td>
<td>Number of prewed contracts as of 0-31-18</td>
</tr>
<tr>
<td>Present</td>
<td>Prewed contract beneficiary</td>
<td>Address of contract beneficiary</td>
<td>Address of trust account</td>
<td>Name of trust account (as taken from column 8 in the previous report)</td>
<td>Amount of principal contributed (as per the Department of Trusts)</td>
<td>Interest in the order (as per the Department of Trusts)</td>
<td>Number of prewed contracts as of 0-31-18</td>
</tr>
</tbody>
</table>

SECTION III: Authorization
I hereby authorize the Board to request from the trustee listed in Section II a copy of any trust statement, as part of an investigation, examination or audit of the prewed seller.

Authorized Representative Signature of Prewed Seller
Title
Print Name

SECTION IV: 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 II is correct and has been reviewed and verified 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 printout 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
[Signature]
Title
Print Name

Corporate Officer of Trustee Title
Print Name

COUNTY OF
[County]

Subscribed and sworn to (or affirmed) before me this day of

20__

[Signature of Notary Public]
Name
Notary Public Seal/Stamp

2018 Prewed Seller Renewal Annual Report
SECTION K:

• If you did not sell any joint account funded contracts you need to mark NA or None on this page and continue to Section M.

• You must list the name of the bank, address and date of the report at the top.

• You can provide a spreadsheet as an attachment, if you do please mark See Attached in the spreadsheet on the renewal. ALL Columns must be completed.

• Section L: Must be signed and notarized by a representative at the bank. They can provide the certification on letterhead as long as the certification language matches what is provided on the annual report.

• The next slide provides a sample of Section K.
SECTION K: Joint Account Funded Preneed Contract(s) Information:
Complete this report for each financial institution. If this section doesn’t apply please mark NA in the spreadsheet below and continue to Section L.
Section 356.460 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, 2017 to August 31, 2018 please list each contract sold:

<table>
<thead>
<tr>
<th>COLUMN 1</th>
<th>COLUMN 2</th>
<th>COLUMN 3</th>
<th>COLUMN 4</th>
<th>COLUMN 5</th>
<th>COLUMN 6</th>
<th>COLUMN 7</th>
<th>COLUMN 8</th>
<th>COLUMN 9</th>
<th>COLUMN 10</th>
<th>COLUMN 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present preneed contract number</td>
<td>Date of Preneed Contract</td>
<td>Name as insured person</td>
<td>Name of purchaser or insured</td>
<td>Name of joint account holder</td>
<td>Preneed contract number</td>
<td>Total amounts paid to joint account holder</td>
<td>Total amounts paid to each surviving joint account holder</td>
<td>Total amounts paid to the estate of each joint account holder</td>
<td>Total amounts paid as described in each column above (if applicable)</td>
<td>Payment or distribution by the financial institution (if applicable)</td>
</tr>
</tbody>
</table>

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 356.460 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 declaratio

Authorized Representative Signature ___________________________
Authorized Representative Print Name and Title ___________________________
State of MISSOURI COUNTY OF ___________________________

Subscribed and sworn to (or affirmed) before me this ______ day of ______

Notary Public Signature ___________________________
Notary Public Name Printed ___________________________
2018 Preneed Seller Resale/Annual Report Page 3
SECTION M:

- If there aren’t any historical joint account funded contracts you will need to mark NA or None on this page and continue to Section O.
- If there are historical joint account funded contracts you must list the name of the bank, address and date of the report at the top.
- You can provide a spreadsheet as an attachment, if you do please mark See Attached in the spreadsheet on the renewal. ALL Columns must be completed.
- Section N: Must be signed and notarized by a representative at the bank. They can provide the certification on letterhead as long as the certification language matches what is provided on the annual report.
- The next slide provides a sample of Section M.
## SECTION M: Joint Account Funded Preneed Contract(s) Historical Information:

Report all joint accounts written prior to the reporting period that were active (not fulfilled as of August 31, 2017).

Complete one report for each joint account. If this section doesn’t apply, please mark X 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, 2017.

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th>Address of Financial Institution</th>
</tr>
</thead>
</table>

Additional sheets are available on our website. In lieu of completing the spreadsheet below, a computer printout generated by your firm for the financial institution that contains the information required (as noted in each column below) may be attached to this form.

### Column 1: Current preneed contract number (if applicable)

### Column 2: Source of Preneed Contract

### Column 3: Name and phone number of contact person

### Column 4: Name of preneed contract

### Column 5: Current balance as reported in preneed contract

### Column 6: Percentage of preneed contract

### Column 7: Total premium

### Column 8: Total charges

### Column 9: Total interest

### Column 10: Total deductions

### Column 11: Total proceeds

### Column 12: Note any exceptions or explanations of (repairs)

### Column 13: Note any corrections or explanations of (repairs)

### Column 14: Note any additional information

### Column 15: Note any additional information

### Column 16: Note any additional information

### Column 17: Note any additional information

### Column 18: Note any additional information

### Column 19: Note any additional information

### Column 20: Note any additional information

### Column 21: Note any additional information

### Column 22: Note any additional information

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## SECTION N: Certification (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 sworn 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 printout 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**

**Authorized Representative Print Name and Title**

**State of**

**COUNTY OF**

Subscribed and sworn to (or affirmed) before me this day of

**Notary Public Signature**

**Notary Public Name Printed**

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**2016 Preneed Seller Renewal Annual Report Page 6**
SECTION O:

- If you did not sell any insurance funded contracts you need to mark NA or None on this page and continue to Section O.
- This section is for insurance funded contracts sold by the funeral home and not assignments.
- You must list the name of the insurance company, address and date of the report at the top.
- You can provide a spreadsheet as an attachment, if you do please mark See Attached in the spreadsheet on the renewal. ALL Columns must be completed.
- Section P: Must be signed and notarized by a representative of the insurance company. They can provide the certification on letterhead as long as the certification language matches what is provided on the annual report.
- The next slide provides a sample of Section O.
SECTION O: Insurance Funded Premise Contract(s) Account Information:
Complete one report for each insurance company. If this section doesn’t apply please mark Not in the spreadsheet below and continue to Section Q.
Sections 436.460 RSMo, identifies the reporting requirements of insurance funded premise contracts sold pursuant to sections 436.400-436.525 RSMo.

Name of Insurance Company: __________________________
Address of Insurance Company: __________________________

For the time period of September 1, 2017 to August 31, 2018 please list each contract sold:
Additional sheets are available on our website http://primo.gove/gem/bhmscom. In lieu of completing the spreadsheet below, a computer printout 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.

<table>
<thead>
<tr>
<th>COLUMN 1</th>
<th>COLUMN 2</th>
<th>COLUMN 3</th>
<th>COLUMN 4</th>
<th>COLUMN 5</th>
<th>COLUMN 6</th>
<th>COLUMN 7</th>
<th>COLUMN 8</th>
<th>COLUMN 9</th>
<th>COLUMN 10</th>
<th>COLUMN 11</th>
<th>COLUMN 12</th>
<th>COLUMN 13</th>
<th>COLUMN 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premise contract identification number</td>
<td>Name on premise contract</td>
<td>Address of premises</td>
<td>Name of owner</td>
<td>Address of owner</td>
<td>Owner of premise</td>
<td>Face amount of contract</td>
<td>Time frame of contract</td>
<td>Face amount of contract in whole $</td>
<td>Amount of insurance policy (as required on each premise contract)</td>
<td>Date the aggregate in whole $170 is increased in the insurance company</td>
<td>Canceled or transferred</td>
<td>Date of cancellation</td>
<td>Date of transfer</td>
</tr>
</tbody>
</table>

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 affidavit shall be subject to the penalty of making a false affidavit or declamation.

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

Authorized Representative Signature

Date of Missouri

Subscribed and sworn to (or affirmed) before me this ______ day of ______, 20__

Notary Public Signature

Notary Public Name Printed
SECTION Q:

• If you did not sell any contracts funded by an insurance assignment you need to mark NA or None on this page and continue to Section S.

• This section is for contracts that are funded by an insurance assignment.

• You must provide as much information that you have in the columns provided.

• You can provide a spreadsheet as an attachment, if you do please mark See Attached in the spreadsheet on the renewal.

• Section R: Must be signed and notarized by a representative of the preneed seller.

• The next slide provides a sample of Section Q.
SECTION Q: Insurance Funded Preneed Contract(s) w/ Insurance Assignments Account Information:

Complete one form for each insurance company. If this section does not apply, please mark N/A in the spreadsheet below and continue to Section R.

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 September 1, 2017 to August 31, 2018, please list each contract sold:

Additional details are available on our website: www.mogebs.com. In lieu of completing the spreadsheet below, a computer point generated by your firm that contains the information required (as noted in each column below) may be attached to this form.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Address of Insurance Company</td>
<td>Name and Address of Insurance Company</td>
<td>Name and Address of Insurance Company</td>
<td>Name and Address of Insurance Company</td>
</tr>
<tr>
<td>Preneed Contract Sequential Number</td>
<td>Date of Preneed Contract</td>
<td>Name on Preneed Contract</td>
<td>Address of Insured in Box 2</td>
</tr>
<tr>
<td>Name of Preneed Company</td>
<td>Address of Insured in Box 2</td>
<td>Name of Preneed Company</td>
<td>Address of Insured in Box 2</td>
</tr>
<tr>
<td>Policy Number of Preneed Company, Policy underwritten, or otherwise marked (optional)</td>
<td>Policy Number of Preneed Company, Policy underwritten, or otherwise marked (optional)</td>
<td>Policy Number of Preneed Company, Policy underwritten, or otherwise marked (optional)</td>
<td>Policy Number of Preneed Company, Policy underwritten, or otherwise marked (optional)</td>
</tr>
<tr>
<td>Pre-Amount of Preneed Contract</td>
<td>Terms of Insurance Policy (In force, paid, in full, lapsed, reduced, paid in, etc., as stated)</td>
<td>Terms of Insurance Policy (In force, paid, in full, lapsed, reduced, paid in, etc., as stated)</td>
<td>Terms of Insurance Policy (In force, paid, in full, lapsed, reduced, paid in, etc., as stated)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Authorized Representative Print Name and Title

NOTARY PUBLIC SEAL/STAMP

State of MISSOURI COUNTY OF

Subscribed and sworn to (or affirmed) before me this ________ day of __________, 2018.

Notary Public Signature

Notary Public Print Name
SECTION S:

- This section must be signed by an authorized representative of the preneed seller.
- **This section is required even if no contracts were sold.**
- The next slide provides a sample of Section S.
SECTION 8:
CONSENT TO INVESTIGATE, EXAMINE AND OR AUDIT ACCOUNTS, BOOKS AND RECORDS AND
ATTESATION
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 sections 456.400 to 456.520 RSMo, of 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.

By signing this renewal, I declare that all statements or representations submitted with this application are made under oath or affirmation and are true and correct to my best knowledge under penalty of section 456.525 RSMo which specifies that anyone who makes a false statement in writing with intent to mislead a public official in the performance of his official duties is guilty of a class B misdemeanor.

<table>
<thead>
<tr>
<th>Authorized Representative Signature</th>
<th>NOTARY PUBLIC SEAL/STAMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>State of</td>
<td>COUNTY OF</td>
</tr>
<tr>
<td>MISSOURI</td>
<td></td>
</tr>
<tr>
<td>Subscribed and sworn to (or affirmed) before me this _______ day of _______</td>
<td></td>
</tr>
<tr>
<td>Notary Public Signature:</td>
<td></td>
</tr>
<tr>
<td>Notary Public Name Printed:</td>
<td></td>
</tr>
</tbody>
</table>

Reminder:
After October 31, 2018 you are not authorized to practice as a preneed seller until this renewal has been processed and the renewal license has been issued. Submission of the form and fee does not constitute renewal.

Sign up for all the latest news and meeting dates via Email/Text Updates from the Board at: https://pabg.gov/delivery.com/accounts/MODIFY/subscribe/new