

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.

SECTION F: Report all preneed contracts that were sold from **September 1, 2017 - August 31, 2018**
 (Do not report any contracts sold by a seller other than yourself) If a contract is funded by multiple funding sources only list it once below in the column that represents the majority of the funding source. In addition list them in all applicable funding sections (sections H, K, M, O and Q) indicating that it is funded by multiple sources.

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

* 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.

SECTION G:



SECTION H:

- **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 H: Trust Account Funded Preneed Contract(s) Information: (This section applies to both pre and post 8-29-2009 trusts.)

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 8-31-18) _____
- Total trust earnings (interest income) to the seller since the previous report (as of 8-31-18) _____
- Principal contributions (total of all payments made to trust, no interest) received by the trustee since the previous report (as of 8-31-18) _____
- Total distributions to the seller since the previous report (as of 8-31-18) _____
- Total expenses, excluding distributions to the seller since the previous report(as of 8-31-18) _____

B. 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://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:	

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 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, 2017 TO August 31, 2018* 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:		

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 this reporting period that were active (not fulfilled as of August 31, 2017).
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, 2017.

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 contribution 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 9-1-17 and 9-31-18)	Total expenses deducted from the joint account, excluding distributions to the seller, since the previous year's report (between 9-1-17 and 9-31-18)	Fulfilled, cancelled or transferred (if applicable) between 9-1-17 and 9-31-18	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: _____		

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 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, 2017 TO August 31, 2018* 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 full, 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:		

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 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, 2017 TO August 31, 2018 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:		

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 5:

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 sections 436.400 to 436.520 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 575.060 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.

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: _____		

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 forms and fees does not constitute renewal.

Sign up for all the latest news and meeting dates via Email/Text Updates from the Board at:
<https://public.gov/delivery.com/accounts/MODIFP/subscriber/new>