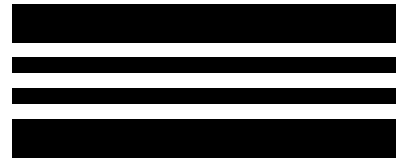




Prearrangement Funeral Service Contract Trust/Insurance Sales Annual Report



Use this form to report the condition of your trust/insurance sales on the last day of your fiscal year. We must receive your completed report and supporting documents no later than 90 days after the close of each fiscal year.

Submit online with renewal: www.dol.wa.gov/business/funeralcemetery

Or scan and email to: Funeral@dol.wa.gov

Or mail to: Funeral and Cemetery Licensing Department of Licensing PO Box 9012 Olympia WA 98507-9012

For questions or language help call: (360) 664-1555

This report is for the fiscal year beginning _____ and ending _____

Form with fields: Funeral home name, Physical address, Mailing address, Designated funeral director name, (Area code) Phone number, Email, Prearrangement license number

Trust sales information

Form with 6 numbered lines for reporting trust sales information, including contract amounts and numbers.

Trust activity

Form with definitions (Deposit in transit, Withdrawal in transit, Earnings, Expenses, Adjust for gains/losses, Other adjustments) and 3 numbered lines for reporting trust activity.

Trust activity *(continued)*

4. Amount withdrawn from trust for deliveries and/or cancellations (include principle and interest)	\$ _____
5. Withdrawals in transit	\$ _____
6. Total earnings	\$ _____
7. Total expenses	\$ _____
8. Adjust for gains/losses	\$ _____
9. Other adjustments (explain)	\$ _____

Trust assets

1. Primary trust depository: Attach depository/investment statements that include all fiscal year activity	
Name of depository _____	
Last four digits of account number _____	
Ending balance	\$ _____
2. Other assets: Attach depository/investment statements that include all fiscal year activity	
a. Asset _____	
Last four digits of account number _____	
Ending balance	\$ _____
b. Asset _____	
Last four digits of account number _____	
Ending balance	\$ _____
c. Asset _____	
Last four digits of account number _____	
Ending balance	\$ _____
d. Asset _____	
Last four digits of account number _____	
Ending balance	\$ _____

Attach additional sheets as necessary.

Insurance sales information

Attach In-Force Detail Reports for all insurance providers

- 1. Number of insurance funded contracts sold **this year** _____
- 2. Number of insurance funded contracts (policies) _____
- 3. Current face amount of **all** insurance policies \$ _____

Ownership/Management

List any changes in officers, directors, managers, or a change of ownership greater than 10%: WAC 308-49-170(3)

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

 PRINT or TYPE Name and title
X
 Signature

 Date and place

 PRINT or TYPE Name and title
X
 Signature

 Date and place

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.