



Endowment Care Fund Trustee Statement of Fiduciary Responsibility



To act as an endowment care fund trustee, you must file this Statement of Fiduciary Responsibility before beginning your duties. Your fiduciary responsibility will remain in effect until you inform us in writing that you have resigned as a trustee.



21701-SUPPORTING

To register, complete section A, then complete section B.

To resign, complete section A, then complete section C.

Mail the completed form to:

**Funeral and Cemetery Board
Department of Licensing
PO Box 9012
Olympia WA 98507**

For questions or language help call: 360-664-1822

A. Business information

Name of cemetery/endowment care association	
Address (Street address or PO Box, City, State, ZIP code)	
Name of trustee	
Address (Street address or PO Box, City, State, ZIP code)	
10-digit phone number	Email

B. Acceptance of endowment care fund trusteeship

<i>I hereby accept the appointment as an endowment care fund trustee.</i>	
TYPE or PRINT Name	
X	
Date and place	Signature of trustee

C. Resignation of endowment care fund trustee

<i>I hereby resign as trustee of the above named endowment care fund.</i>	
TYPE or PRINT Name	
X	
Date and place	Signature of trustee