



ALABAMA BOARD OF FUNERAL SERVICES

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KAY IVEY
GOVERNOR

CHARLES PERINE
DIRECTOR

Certificate Holder Monthly Report of Preneed Activity

Form AL-PNR-M (revised 10/2023)

THIS REPORT MUST BE POSTMARKED OR RECEIVED BY THE ALABAMA BOARD OF FUNERAL SERVICES NO LATER THAN 45 DAYS FOLLOWING THE END OF THE PERIOD CHECKED ABOVE.

PRENEED CERTIFICATE HOLDER

Address

CERTIFICATE OF AUTHORITY #

Phone Number

POST-LAW CONTRACTS ONLY

PRENEED TRUST FUNDS: Has there been a change in the trustee since the last reporting period? Yes ___ No ___

If yes, who was the former trustee(s)? _____ New Trust Agreement Approved? Yes ___ No ___

As of end of the current period check above, what was the total number of all post-law preneed contracts outstanding funded or intended to be funded by trust? _____ Net sales of contract funded or intended to be funded by trust? \$ _____

Trustee	Beginning Value	Ending Value	Value [^] Change	Deposits	Withdrawals	Previous	Written	Cancelled	Fulfilled	Total Contracts

[^]Net Realized & Unrealized Gains/Losses, Interest and Dividends, Trust Purchased Insurance – Death Benefit Increases (Adjustments).

LIFE INSURANCE AND/OR ANNUITY: (Exclude trust purchased Insurance). As of end of the current period checked above, what was the total # of outstanding post-law preneed contracts funded by life Insurance/annuity? _____ Total Face Value? \$ _____

Insurer	Face Value	Previous	Written	Cancelled	Fulfilled	Total Contracts

LETTER OF CREDIT: As of the end of the current period checked above, what was the total number of all post-law preneed contracts outstanding in which the funding method is Letter of Credit? _____ Outstanding Liability: \$ _____

LOC Issuer	Amount of LOC	Outstanding Liability	Previous	Written	Cancelled	Fulfilled	Total Contracts

SURETY BOND: As of end of the current period checked above, what was the total number of all post-law preneed contracts outstanding in which the funding method is Surety Bond(s)? _____ Outstanding Liability: \$ _____

Surety Bond Issuer (Insurer)	Amount	Outstanding Liability	Previous	Written	Cancelled	Fulfilled	Total Contracts

TOTAL POST-LAW PRENEED CONTRACTS OUTSTANDING AS OF THE END OF THE CURRENT REPORTING PERIOD: _____

Note: This total is obtained by adding the number of contracts from each funding method above; it should agree with the total number of post-law contracts calculated on page 2.

Use additional sheets as necessary so that each trustee or insurer may be individually listed.

Certificate Holder Quarterly Report of Preneed Activity

POST-LAW CONTRACTS ONLY

NUMBER OF OUTSTANDING PRENEED POST-LAW CONTRACTS	
	<u>Number</u>
Preneed Contracts Outstanding at End of Prior Period	_____
Preneed Contracts Written During Period Checked on Page 1	_____
Preneed Contracts Cancelled During Period Checked on Page 1	_____
Preneed Contracts Fulfilled During Period Checked on Page 1	_____
Total Contracts	_____

Note: This total should agree with the total from the bottom of Page 1

State the **Net Sales** Amount of all **Post-Law** Preneed Contracts Outstanding at the end of the period checked at the top of Page 1: \$ _____

Note: Net Sales is the total retail value of all outstanding post-Law contracts, regardless of funding mechanism or whether paid-in-full, less any discounts or credit for insurance applied to the contracts.

Has there been a change in the Company's funding method since the last reporting period? Yes _____ No _____
If the answer is yes, what was the previous funding method? _____

This report should be accompanied by documentation for the period checked on page 1.

Documentation includes Statement of Activity of the Trust, furnished by your Trustee(s), for each post-law merchandise & services trust account; detailed policy listing from each insurer; liability report(s) for preneed contracts funded by Letter(s) of Credit and/or Surety Bond(s). This report is not complete without the required documentation.

This report should only include information for the certificate holder. Branch reports should be submitted for each branch.

PLEASE SIGN AND DATE BELOW.

I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, certify that the above information is true and correct to the best of my knowledge and belief. I certify that I have complied with all of the requirements of Chapter 34-13, Code of Alabama, 1975. I understand that any person who knowingly presents false or fraudulent information to the Board of Funeral Services or its representative, willfully fails to timely make deposits to trust, or knowingly withdraws unauthorized funds or assets from a trust may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison or any combination thereof.

Signature of Certificate Holder or Authorized Representative

Date

Print Name

Phone Number

E-mail Address

Prepared by (if different from above):

Visit www.fsb.alabama.gov for the most current forms and information.