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APPLICATION FOR FINANCIAL STATEMENT WAIVER FOR CERTIFICATE OF AUTHORITY RENEWAL

Pursuant to Alabama Preneed Regulation 395-X-9-.08 (8), prior to July 1st of each year, Certificate Holders that wish to have the financial statement requirement waived for the renewal of their Certificate of Authority must certify and sign below that they have met the requirements as stated in the statute in accordance with §34-13-191(i) of the Alabama

Code, the waiver will apply only to the upcoming renewal. A new application must be filed for each year that a waiver is desired.

For purposes of this form, "I", "you", "your" or "my" refers to the Certificate Holder.

I hereby certify that:

- 1) There have been no valid complaints filed against the certificate holder since the last examination.
- 2) There have been no administrative actions instituted against the certificate holder since the last examination.
- 3) All outstanding preneed contracts written by the certificate holder since April 30, 2002, are fully funded in accordance with The Act.
- 4) All preneed contracts written by the certificate holder have been funded by life insurance, annuity, or the deposit of 100 percent of all funds collected on all preneed contracts in trust within thirty (30) days after the end of the calendar month in which the funds are collected. Trustee report(s) must be submitted along with waiver request to show proof of 100 percent funding.
- 5) All required or requested records have been provided to the department in a timely manner.

Any person knowingly presenting false or fraudulent information to the Alabama Board of Funeral Services or its representative may be guilty of a Class C felony pursuant to §34-13-203(d)(1) of the Act. The waiver does not exempt the certificate holder from having a financial statement on file. The certificate holder must be able to produce a financial statement at any time when requested by the Board. I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, hereby certify that the above requirements have been satisfied to the best of my knowledge and belief.

NAME OF CERTIFICATE OF AUTHORITY:	
CERTIFICATE OF AUTHORITY NUMBER:	DATE:
NAME OF AUTHORIZED REPRESENTATIVE FOR CERTIFICATE OF AUTHORITY:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE FOR CERTIFICATE OF AUTHORITY:	