PHYSICAL ADDRESS: 4276 Lomac Street Montgomery, Alabama 36106

WEBSITE:

www.fsb.alabama.gov

E-MAIL ADDRESS: info@fsb.alabama.gov



MAILING ADDRESS: Post Office Box 309522 Montgomery, Alabama 36130

OFFICE TELEPHONE NUMBER: 334-242-4049

FAX NUMBER: 334-353-7988

APPLICATION TO SURRENDER CERTIFICATE OF AUTHORITY

Application MUST be approved by the Board PRIOR to surrendering Certificate of Authority.

NAME OF CERTIFICATE OF AUTHORIT	Y:					
D/B/A NAME (if applicable):						
MAILING ADDRESS:						
PHYSICAL ADDRESS (if different from	mailing address):					
CERTIFICATE OF AUTHORITY'S E-MAIL ADDRESS:			CERTIFICATE OF AU	THORITY'S TELE	PHONE NUMBER:	
FUNERAL ESTABLISHMENT LICENSE NUMBER (if applicable): FEDERAL EMPLOYER IDENTIFICATION NUMBER:						
CERTIFICATE OF AUTHORITY'S FISCAL YEAR END DATE:			CERTIFICATE OF AU	JTHORITY LICENS	E NUMBER:	
TYPE OF BUSINESS ENTITY (check the	appropriate box):		<u> </u>			
Funeral Establishment	Cemetery Authority	Со	mbination Funeral an	d Cemetery	Third-Party Seller	
IF CEMETERY OR COMBINATION FUN	IERAL AND CEMETERY,	WILL				
INTERMENT RIGHTS CONTINUE TO BE SOLD? IF NO. ATTACH A SURREN					DER OF ENDOWMENT CARE CEMETERY	
Yes	No		APPLICATION WITH THIS APPLICATION.			
TYPE OF ORGANIZATION (check the ap	propriate box):					
Sole Proprietorship	Partnership	LLC	LLP	C Corp	S Corp	
1. ARE THERE ANY BRANCH REGISTRANTS UNDER CERTIFICATE OF AUTHORITY BEING SURRENDERED? IF YES, ATTACH AN AAPLICATION TO SURRENDER BRANCH						
Yes	No		REGISTRANT WITH THIS APPLICATION.			
2. ARE THERE ANY LOCATIONS UNDE		NAME AS				
THE CERTIFICATE OF AUTHORITY BEING SURENDERED? IF YES, ON A SEPARATE PAGE, LIST THE ADDRESS OF EACH						
Yes	No		LOCATION USING THE SAME BUSINESS NAME AND ATTACH IT TO THIS APPLICATION.			

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3. DOES THE	CERTIFICATE OF	AUTHORITY USE A	A TRUST TO FUND			
PRENEED CON	NTRACTS? Yes	No		IF YES, ATTACH A COPY OF EACH TRUST AGREEMENT IN FORCE FOR THE CERTIFICATE OF AUTHORITY WITH THIS APPLICATION.		
	162	NO				
4. DOES THE CERTIFICATE OF AUTHORITY USE AN INSURANCE COMPANY TO FUND PRENEED CONTRACTS?				IF YES, ATTACH AN UP-TO-DATE POLICY DETAIL REPORT FROM THE INSURANCE COMPANY SHOWING THE NAME OF THE		
	Yes	No		INSURANCE COMPANY, NAME OF THE INSURED, POLICY NUMBER, AND FACE AMOUNT OF POLICY.		
5. DOES THE	CERTIFICATE OF	AUTHORITY USE A	A SURETY BOND OR			
LETTER OF CREDIT TO FUND PRENEED CONTRACTS?			CTS?	IF YES, ATTACH A COPY OF EACH SURETY BOND AND LETTER OF		
	Yes	No		CREDIT USED TO FUND PRENEED CONTRACTS WRITTEN UN THE CERTIFICATE OF AUTHORITY BEING SURRENDERED.	IDER	
	res	NO		THE CERTIFICATE OF AUTHORITT DEING SURKENDERED.		
		N CONDUCTED WI' 'E OF AUTHORITY'	THIN THE LAST 12 ?	IF YES, WHAT WAS THE DATE OF THE LAST EXAMINATION?	,	
	Yes	No				
5A. WERE AN	Y VIOLATIONS FO	OUND DURING THI	E LAST EXAMINATION?	5B. IF YES , WERE ANY FINES ISSUED FOR THE VIOLATIONS?	?	
	Yes	No		Yes No NA		
5C. IF YES TO 5A AND/OR 5B , HAVE THOSE VIOLATIONS BEEN ADDRESSED AND RESOLVED TO THE BOARDS SATISFACTION??				<u>IF NO</u> , ON A SEPARATE PAGE, EXPLAIN WHY THE VIOLATIONS		
	Yes	No	NA	HAVE NOT BEEN RESOLVED TO THE BOARD'S SATISFACTION.		
6. HAS THE A	NNUAL REPORT I	FOR THE CERTIFIC	CATE OF AUTHORITY			
BEEN SUBMITTED AND APPROVED BY THE BOARD?				IF NO, ON A SEPARATE PAGE, EXPLAIN.		
	Yes	No		arity, control municipality and anim.		
7. THE FOLLO	WING DOCUMEN	TATION MUST BE	SUBMITTED WITH THIS A	APPLICATION:		

- A. A COPY OF THE COMPLETE AND UP-TO-DATE PRENEED SALES LOG USED BY THE CERTIFICATE OF AUTHORITY BEING SURRENDERED.
- B. A LIST OF NAMES OF EACH PRENEED CONTRACT PURCHASER ALONG WITH THE CONTRACT TOTAL OF EACH.
- C. A COPY OF EACH PRENEED CONTRACT VERSION USED BY THE CERTIFICATE OF AUTHORITY BEING SURRENDERED.
- D. A PRENEED SALES AGENT CANCELLATION FORM TO CANCEL THE REGISTRATION OF THE PRENEED SALES AGENTS REGISTERED UNDER THE CERTIFICATE OF AUTHORITY BEING SURRENDERED.
- E. A COPY OF THE CERTIFICATE OF AUTHORITY LICENSE BEING SURRENDERED.

I, THE AUTHORIZED REPRESENTATIVE FOR THE CERTIFICATE OF AUTHORITY BEING SURRENDERED, HEREBY AGREE TO AND ACKNOWLEDGE THE FOLLOWING STATEMENTS:

- 1. SUBMISSION OF THIS APPLICATION IS CONSIDERED NOTICE TO THE BOARD OF THE INTENT OF THE CERTIFICATE OF AUTHORITY TO SURRENDER IT'S CERTIFICATE OF AUTHORITY LICENSE, AND UNDERSTAND THAT THIS APPLICATION MUST BE APPROVED BY THE BOARD PRIOR TO SURRENDERING THE LICENSE.
- 2. THE EFFECTIVE DATE OF SURRENDER OF THE CERTIFICATE OF AUTHORITY WILL BE THE DATE SIGNED BY THE BOARD AS SHOWN BELOW.
- 3. AN ACCOUNTING SHOWING EACH AND EVERY PAYMENT RECEIVED BY THE CERTIFICATE OF AUTHORITY FOR THE OUTSTANDING PRENEED CONTRACTS HAS BEEN SUBMITTED WITH THIS APPLICATION.
- 4. THE CERTIFICATE OF AUTHORITY SHALL CEASE ALL PRENEED SALES TO THE PUBLIC FROM THE DATE THIS APPLICATION IS SUBMITTED TO THE BOARD. THE DATE OF THE LAST PRENEED CONTRACT SOLD BY THE CERTIFICATE OF AUTHORITY IS:

(continued on next page)

- 5. THE CERTIFICATE OF AUTHORITY HAS COLLECTED AND DEPOSITED INTO TRUST ALL OF THE FUNDS PAID TOWARD PRENEED CONTRACTS SOLD PRIOR TO THE SUBMISSION OF THIS APPLICATION.
- 6. ANY TRUST FUNDS DEPOSITED INTO TRUST ON BEHALF OF THE CERTIFICATE OF AUTHORITY BEING SURRENDERED WILL BE KEPT INTACT AND IN TRUST AFTER THE CERTIFICATE OF AUTHORITY BECOMES INACTIVE, AND THE FUNDS IN THAT TRUST WILL BE DISBURSED IN ACCORDANCE WITH THE ALABAMA PRENEED FUNERAL AND CEMETERY ACT OF 2023 UNTIL THE FUNDS HAVE BEEN EXHAUSTED.
- 7. THE BOARD SHALL CONTINUE TO HAVE JURISDICTION OVER THE INACTIVE CERTIFICATE OF AUTHORITY SO LONG AS THERE ARE FUNDS IN TRUST OR PRENEED CONTRACTS HAVE NOT BEEN FULFILLED.
- 8. THE CERTIFICATE OF AUTHORITY WILL SUBMIT ANNUAL INACTIVE PRENEED REPORTS TO THE BOARD UNTIL ALL PRENEED CONTRACTS HAVE BEEN FULFILLED.
- 9. THE ALABAMA BOARD OF FUNERAL SERVICES SHALL REQUIRE REPORTS AND EXAMINE RECORDS AS THE BOARD DEEMS APPROPRIATE.
- 10. THE BOARD MAY IMPOSE FURTHER REQUIREMENTS IN ORDER FOR THE CERTIFICATE OF AUTHORITY TO BE SURRENDERED. THE BOARD SHALL NOTIFY THE CERTIFICATE OF AUTHORITY OF ANY ADDITIONAL REQUIREMENTS VIA E-MAIL, IF ANY.

BY SIGNING THIS APPLICATION, THE AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY BEING SURRENDERED HEREBY CERTIFIES THAT HE OR SHE HAS COMPLIED WITH EACH OF THE ABOVE REQUIREMENTS, AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF. THE AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY UNDERSTANDS THAT ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO THE ALABAMA BOARD OF FUNERAL SERVICES OR IT'S REPRESENTATIVES, WILLFULLY FAILS TO MAKE TIMELY DEPOSITS TO TRUST, OR KNOWINGLY WITHDRAWS UNAUTHORIZED FUNDS OR ASSETS FROM A TRUST MAY BE GUILTY OF A FELONY UNDER ALABAMLAW AND SUBJECT TO RESTITUTION, FINES, LOSS OF ANY OR ALL CERTIFICATES OF AUTHORITY OR OTHER APPLICABLE LICENSES, PRISON, OR ANY COMBINATION THEREOF. THE AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY BEING SURRENDERED ALSO CERTIFIES THAT HE OR SHE HAS THE RIGHT TO SIGN ON THE CERTIFICATE OF AUTHORITY'S BEHALF.

NAME OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORITY	BEING SURRENDERED:
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHO	DRITY BEING SURRENDERED:
DATE SUBMITTED TO THE BOARD:	DATE OF SURRENDER OF CERTIFICATE OF AUTHORITY:

SIGNATURE OF EXECUTIVE DIRECTOR OF THE ALABAMA BOARD OF FUNERAL SERVICES:

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