



ALABAMA BOARD OF FUNERAL SERVICES

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PRENEED DIVISION: PRENEED@FSB.ALABAMA.GOV

CHARLES PERINE
DIRECTOR

APPLICATION TO SURRENDER PRENEED LICENSE

Indicate completion of the items in the checklist by marking the box next to each item. **If the applicant cannot mark all boxes acknowledging each item on the checklist, DO NOT SUBMIT THE APPLICATION.**

REQUIRED QUALIFICATIONS	MET
Cemetery has submitted all required reports due to the point of surrender	<input type="checkbox"/>
Cemetery must be in good standing with the Alabama Board of Funeral Services (all fees and fines are paid, and all administrative actions have been resolved to the Board's satisfaction)	<input type="checkbox"/>
Cemetery has collected and deposited into trust all of the funds paid toward endowment care contracts sold up to the point of surrender	<input type="checkbox"/>
REQUIRED DOCUMENTS	SUBMITTED
This application completed in its entirety (each question, checkbox, or required attachment should be acknowledged regardless of applicability)	<input type="checkbox"/>
Application to Transfer Ownership of Endowment Care Cemetery (if applicable)	<input type="checkbox"/>
Application to Transfer Ownership of Preneed License (if applicable)	<input type="checkbox"/>
A complete list of each location operating under a common business enterprise with the SAME NAME as the applying cemetery (if applicable) (included)	<input type="checkbox"/>
Copy of current endowment care trust agreement (if applicable)	<input type="checkbox"/>
The most recent endowment care cemetery trust statement for each endowment care cemetery trustee (if applicable)	<input type="checkbox"/>
Complete and up-to-date copy of the Cemetery Property Sales Log for each endowment care cemetery listed in the application (if applicable)	<input type="checkbox"/>
An accounting showing each and every payment received by the cemetery for the outstanding contracts have been submitted to the endowment care trust	<input type="checkbox"/>
Written explanation of the reason that the most recent report of endowment care cemetery report has not been submitted to the Board (if applicable)	<input type="checkbox"/>

ATTENTION: IF ADDITIONAL INFORMATION IS REQUIRED BY THE BOARD, THE REQUESTED INFORMATION MUST BE PROVIDED NO LATER THAN THE DATE GIVEN IN THE REQUEST, FAILURE TO RESPOND TIMELY WILL RESULT IN A DENIAL OF YOUR APPLICATION.

- Questions regarding an application should be e-mailed to preneed@fsb.alabama.gov or submitted through our website: www.fsb.alabama.gov > About Us > Contact Us
- No application for application will be considered until all items on the checklist are satisfied, unless otherwise approved by the Board.

NAME OF ENDOWMENT CARE CEMETERY:											
D/B/A NAME (if applicable):											
TYPE OF ORGANIZATION (check one):											
<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLC	<input type="checkbox"/>	LLP	<input type="checkbox"/>	C Corporation	<input type="checkbox"/>	S Corporation
FULL MAILING ADDRESS (street number, street name, city, state, zip code):						ENDOWMENT CARE CEMETERY REGISTRATION NUMBER:					
						BUSINESS ENTITY'S E-MAIL ADDRESS:					
FULL PHYSICAL ADDRESS (if different from mailing address):						BUSINESS ENTITY'S TELEPHONE NUMBER:					
						BUSINESS ENTITY'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:					

1. HAS THE CEMETERY SUBMITTED THE MOST RECENT REPORT OF ENDOWMENT CARE SALES ACTIVITY TO THE BOARD? IF NO , SUBMIT A WRITTEN EXPLANATION WITH THIS APPLICATION, EXPLAINING WHY THE MOST RECENT REPORT HAS NOT BEEN SUBMITTED.	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

2. IS THE CURRENT AND UP-TO DATE CEMETERY PROPERTY SALES LOG SUBMITTED WITH THIS APPLICATION? IF NO , SUBMIT A WRITTEN EXPLANATION WITH THIS APPLICATION, EXPLAINING WHY THE CEMETERY PROPERTY SALES LOG HAS NOT BEEN SUBMITTED.	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

3. ARE ALL OF THE ENDOWMENT CARE TRUST AGREEMENTS ON FILE WITH THE BOARD? IF NO , SUBMIT A COPY OF EACH ENDOWMENT CARE TRUST AGREEMENT.	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

4. ARE THERE OTHER LOCATIONS OPERATING UNDER A COMMON BUSINESS ENTERPRISE WITH A DIFFERENT NAME THAN THE ENDOWMENT CARE CEMETERY BEING SURRENDERED? IF YES , SUBMIT ADDITIONAL APPLICATIONS TO SURRENDER ENDOWMENT CARE CEMETERY(S) FOR EACH LOCATION OPERATING UNDER A COMMON BUSINESS ENTERPRISE WITH A DIFFERENT NAME THAN THE ENDOWMENT CARE LISTED IN THIS APPLICATION.	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

5. WILL INTERMENT RIGHTS CONTINUE TO BE SOLD AFTER THE ENDOWMENT CARE REGISTRATION IS SURRENDERED? IF YES , SUBMIT AN APPLICATION TO TRANSFER OWNERSHIP OF ENDOWMENT CARE CEMETERY WITH THIS APPLICATION.	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

6. DOES THE CEMETERY HOLD A PRENEED LICENSE? IF YES , SUBMIT AN APPLICATION TO TRANSFER OWNERSHIP OF PRENEED LICENSE WITH THIS APPLICATION (TRANSFERRING OWNERSHIP OF PRENEED LICENSE MUST BE APPROVED BY THE BOARD PRIOR TO APPROVAL OF SURRENDER).	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

THIS PAGE CAN BE COPIED AS MANY TIMES AS NECESSARY. PLEASE INDICATE AT THE BOTTOM OF EACH PAGE THE PAGE NUMBER AND THE TOTAL NUMBER OF PAGES.

5. ARE THERE OTHER LOCATIONS OPERATING UNDER A COMMON BUSINESS ENTERPRISE <u>WITH THE SAME NAME</u> AS THE ENDOWMENT CARE CEMETERY BEING SURRENDERED? <u>IF YES,</u> PROVIDE THE REQUESTED INFOIRMATION BELOW FOR EACH LOCATION WITH THE SAME NAME:	Yes
	No

FULL PHYSICAL ADDRESS OF ADDITIONAL LOCATION (street number, street name, city, state, zip code):	BUSINESS ENTITY'S E-MAIL ADDRESS:
	BUSINESS ENTITY'S TELEPHONE NUMBER:

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	BUSINESS ENTITY'S TELEPHONE NUMBER:

BY MARKING THE CHECK BOXES BELOW, THE AUTHORIZED REPRESENTATIVE OF THE ENDOWMENT CARE CEMETERY BEING SURRENDERED AGREES TO AND ACKNOWLEDGES THE FOLLOWING STATEMENTS:	
1. Submission of this application is considered notice to the Alabama Board of Funeral Services of the intent to surrender the endowment care cemetery listed in this application, and I understand that this application must be approved by the Board prior to the registration being surrendered.	
2. The effective date of surrender if the endowment care cemetery will be the date signed by the Board as shown below.	
3. The endowment care cemetery has ceased all preneed sales activity to the public. The date of the last preneed contract sold by the preneed license is	
4. The cemetery has collected and deposited into trust all of the funds paid toward endowment care contracts sold prior to the submission of this application.	
5. Any trust funds deposited into trust on behalf of the endowment care cemetery being surrendered will be kept intact and in trust after the cemetery is surrendered and becomes inactive, and the funds in that trust will be disbursed in accordance with the Alabama Preneed Funeral and Cemetery Act of 2023.	
6. The Board shall continue to have jurisdiction over the inactive endowment care cemetery so long as there are funds in trust or endowment care contracts have not been fulfilled.	
7. The Alabama Board of Funeral Services shall require reports and examine records as often as the Board deems appropriate.	
8. The cemetery will submit annual inactive endowment care activity reports to the Board.	
9. The Board may impose further requirements in order for the cemetery to be surrendered. The Board shall notify the cemetery via the e-mail address on file with the Board of any additional requirements, if any.	

BY SIGNING BELOW, THE AUTHORIZED REPRESENTATIVE FOR THE ENDOWMENT CARE CEMETERY LISTED IN THIS APPLICATION HEREBY CERTIFIES THAT HE OR SHE HAS COMPLIED WITH EACH OF THE ABOVE REQUIREMENTS, AND THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS IR HER KNOWLEDGE AND BELIEF. HE OR SHE FURTHER UNDERSTAND THAT ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO THE BOARD OR ITS REPRESENTATIVE(S), WHO WILLFULLY FAILS TO TIMELY MAKE TRUST DEPOSITS TO TRUSTS, OR WHO 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. LASTLY, THE AUTHORIZED REPRESENTATIVE CERTIFIES THAT HE OR SHE HAS THE RIGHT TO SIGN ON BEHALF OF THE ENDOWMENT CARE CEMETERY.

NAME OF AUTHORIZED REPRESENTATIVE OF ENDOWMENT CARE CEMETERY:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF ENDOWMENT CARE CEMETERY:	DATE SIGNED:

DATE APPLICATION SUBMITTED TO BOARD:	DATE OF SURRENDER OF PRENEED LICENSE:

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