



KAY IVEY
GOVERNOR

ALABAMA BOARD OF FUNERAL SERVICES

4276 LOMAC STREET | MONTGOMERY, ALABAMA 36106
P.O. BOX 309522 | MONTGOMERY, ALABAMA 36130
PHONE 334.242.4049 | WWW.FSB.ALABAMA.GOV
EMAILS

FUNERAL DIVISION: INFO@FSB.ALABAMA.GOV
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
Preneed license has submitted all required reports due to the point of surrender	
Preneed license 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)	
Preneed license has collected and deposited into trust all of the funds paid toward preneed contracts sold up to the point of surrender that are funded by trust, surety bond, and/or letter of credit	
REQUIRED DOCUMENTS	SUBMITTED
This application completed in its entirety (each question, checkbox, or required attachment should be acknowledged regardless of applicability)	
Application to Surrender Endowment Care Cemetery (if applicable)	
Application to Cancel Preneed Sales Agent Registration (if applicable)	
A complete list of each location operating under a common business enterprise with the SAME NAME as the applying preneed license (if applicable) (included)	
Copy of each current merchandise and services trust agreement and/or participation agreement (if applicable)	
Copy of current endowment care trust agreement (if applicable)	
The most recent merchandise and services trust statement from each trustee (if applicable)	
The most recent endowment care cemetery trust statement for each endowment care cemetery trustee (if applicable)	
The most recent insurance/annuity policy detail report from each insurance company (if applicable)	
Complete and up-to-date copy of the Preneed Contract Sales Log for each preneed license listed in the application	
Complete and up-to-date copy of the Cemetery Property Sales Log for each endowment care cemetery listed in the application (if applicable)	
An accounting showing each and every payment received by each preneed license listed in the application for the outstanding contracts have been submitted to the appropriate funding vehicle (trust or insurance) (if applicable)	
Written explanation of the reason that the violations found in the last examination have not been resolved to the Board's satisfaction (if applicable)	
Written explanation of the reason that the most recent report of preneed activity and/or endowment care cemetery report has not been submitted to the Board (if applicable)	

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.

PRENEED LICENSE BEING SURRENDERED:		IF SURRENDERING A BRANCH REGISTRANT LICENSE , ENTER THE INFORMATION FOR THE CERTIFICATE OF AUTHORITY UNDER WHICH THE BRANCH REGISTRANT LICENSE IS REGISTERED BELOW:
<input type="checkbox"/>	CERTIFICATE OF AUTHORITY	
<input type="checkbox"/>	BRANCH REGISTRANT	
NAME OF CERTIFICATE OF AUTHORITY LICENSE UNDER WHICH THE BRANCH REGISTRANT LICENSE IS REGISTERED:		CERTIFICATE OF AUTHORITY LICENSE NUMBER:

NAME OF PRENEED LICENSE:			
D/B/A NAME (if applicable):			
TYPE OF BUSINESS ENTITY (check one):			
<input type="checkbox"/>	Funeral Establishment	<input type="checkbox"/>	Cemetery Authority
<input type="checkbox"/>	Combination Funeral and Cemetery	<input type="checkbox"/>	Third-Party Seller
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):		PRENEED LICENSE NUMBER:	
		BUSINESS ENTITY'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:	
FULL PHYSICAL ADDRESS (if different from mailing address):		BUSINESS ENTITY'S E-MAIL ADDRESS:	
		BUSINESS ENTITY'S TELEPHONE NUMBER:	
FUNERAL ESTABLISHMENT LICENSE NUMBER (if applicable):		ENDOWMENT CARE CEMETERY REGISTRATION NUMBER (if applicable):	

TYPE OF FUNDING OF PRENEED CONTRACTS (check all that apply):			
<input type="checkbox"/>	Insurance/Annuity	<input type="checkbox"/>	Trust
<input type="checkbox"/>	Surety Bond	<input type="checkbox"/>	Letter of Credit
IF FUNDING WITH SURETY BOND OR LETTER OF CREDIT , HAVE THE FUNDS COLLECTED ON THE CONTRACTS FUNDED BY SURETY BOND OR LETTER OF CREDIT BEEN DEPOSITED INTO A TRUST ACCOUNT OR INSURANCE POLICY? IF NO , DO NOT MOVE FORWARD WITH THIS APPLICATION UNTIL THIS STEP IS COMPLETED.			Yes
			No
			N/A
IF FUNDING WITH TRUST OR INSURANCE/ANNUITY , ARE THE MOST RECENT TRUST STATEMENTS AND/OR INSURANCE POLICY DETAIL REPORTS SUBMITTED WITH THIS APPLICATION? IF NO , SUBMIT A WRITTEN EXPLANATION WITH THIS APPLICATION, EXPLAINING WHY THE MOST RECENT TRUST STATEMENTS AND/OR INSURANCE POLICY DETAIL REPORTS ARE NOT SUBMITTED WITH THIS APPLICATION.			Yes
			No
			N/A

IF BUSINESS ENTITY IS A CEMETERY , WILL INTERMENT RIGHTS CONTINUE TO BE SOLD AFTER THE PRENEED LICENSE IS SURRENDERED? IF NO , SUBMIT AN APPLICATION TO SURRENDER ENDOWMENT CARE CEMETERY WITH THIS APPLICATION.	Yes
	No
	N/A

1. HAS A PRENEED EXAMINATION BEEN CONDUCTED FOR THE PRENEED LICENSE BEING SURRENDERED WITHIN THE LAST 12 MONTHS? <u>IF YES</u> , PROVIDE THE EXAMINATION START DATE:	Yes
	No
1A. <u>IF YES TO QUESTION 1</u> , WERE ANY VIOLATIONS FOUND DURING THE LAST EXAMINATION?	Yes
	No
	N/A
1B. <u>IF YES TO QUESTION 1A</u> , WERE ANY FINES ISSUED FOR THE VIOLATIONS FOUND DURING THE LAST EXAMINATION?	Yes
	No
	N/A
1C. <u>IF YES TO QUESTION 1A AND/OR 1B</u> , HAVE THE VIOLATIONS BEEN RESOLVED TO THE BOARD'S SATISFACTION? <u>IF NO</u> , SUBMIT A WRITTEN EXPLANATION WITH THIS APPLICATION, EXPLAINING WHY THE VIOLATIONS HAVE NOT BEEN RESOLVED TO THE BOARD'S SATISFACTION.	Yes
	No
	N/A

2. HAS THE PRENEED LICENSE BEING SURRENDERED SUBMITTED THE MOST RECENT ANNUAL REPORT OF PRENEED ACTIVITY TO THE BOARD? <u>IF NO</u> , SUBMIT A WRITTEN EXPLANATION WITH THIS APPLICATION, EXPLAINING WHY THE MOST RECENT ANNUAL REPORT HAS NOT BEEN SUBMITTED.	Yes
	No

3. IS THE CURRENT AND UP-TO DATE PRENEED CONTRACT SALES LOG SUBMITTED WITH THIS APPLICATION? <u>IF NO</u> , SUBMIT A WRITTEN EXPLANATION WITH THIS APPLICATION, EXPLAINING WHY THE PRENEED CONTRACT SALES LOG HAS NOT BEEN SUBMITTED.	Yes
	No

4. ARE ALL OF THE MERCHANDISE AND SERVICES TRUST AGREEMENTS AND/OR PARTICIPATION AGREEMENTS, ALL OF THE SURETY BONDS, ALL OF THE LETTERS OF CREDIT, AND A LIST OF ALL INSURANCE COMPANIES USED TO FUND PRENEED CONTRACTS ON FILE WITH THE BOARD? <u>IF NO</u> , SUBMIT A COPY OF EACH TRUST AGREEMENT AND/OR PARTICIPATION AGREEMENT, EACH SURETY BOND, EACH LETTER OF CREDIT, AND A LIST OF EACH INSURANCE COMPANY USED TO FUND PRENEED CONTRACTS BY THE PRENEED LICENSE BEING SURRENDERED.	Yes
	No

5. ARE THERE OTHER LOCATIONS OPERATING UNDER A COMMON BUSINESS ENTERPRISE <u>WITH A DIFFERENT NAME</u> THAN THE PRENEED LICENSE BEING SURRENDERED? <u>IF YES</u> , SUBMIT ADDITIONAL APPLICATIONS TO SURRENDER PRENEED LICENSE(S) FOR EACH LOCATION OPERATING UNDER A COMMON BUSINESS ENTERPRISE WITH A DIFFERENT NAME THAN THE PRENEED LICENSE LISTED IN THIS APPLICATION.	Yes
	No

6. IS THERE AT LEAST ONE (1) PRENEED SALES AGENT REGISTERED UNDER THE PRENEED LICENSE BEING SURRENDERED? <u>IF YES</u> , SUBMIT APPLICATION TO CANCEL PRENEED SALES AGENT LICENSE REGISTRATION WITH THIS APPLICATION FOR EACH PRENEED SALES AGENT LICENSE REGISTERED.	Yes
	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.

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

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

TYPE OF BUSINESS ENTITY (check one):			
<input type="checkbox"/> Funeral Establishment	<input type="checkbox"/> Cemetery Authority	<input type="checkbox"/> Combination Funeral and Cemetery	<input type="checkbox"/> Third-Party Seller

TYPE OF FUNDING OF PRENEED CONTRACTS (check all that apply):			
<input type="checkbox"/> Insurance/Annuity	<input type="checkbox"/> Trust	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Letter of Credit

<u>IF FUNDING WITH SURETY BOND OR LETTER OF CREDIT</u> , HAVE THE FUNDS COLLECTED ON THE CONTRACTS FUNDED BY SURETY BOND OR LETTER OF CREDIT BEEN DEPOSITED INTO A TRUST ACCOUNT OR INSURANCE POLICY? <u>IF NO</u> , DO NOT MOVE FORWARD WITH THIS APPLICATION UNTIL THIS STEP IS COMPLETED.	Yes
	No
	N/A

<u>IF FUNDING WITH TRUST OR INSURANCE/ANNUITY</u> , ARE THE MOST RECENT TRUST STATEMENTS AND/OR INSURANCE POLICY DETAIL REPORTS SUBMITTED WITH THIS APPLICATION? <u>IF NO</u> , SUBMIT A WRITTEN EXPLANATION WITH THIS APPLICATION, EXPLAINING WHY THE MOST RECENT TRUST STATEMENTS NAD/OR INSURANCE POLICY DETAIL REPORTS ARE NOT SUBMITTED WITH THIS APPLICATION.	Yes
	No
	N/A

<u>IF BUSINESS ENTITY IS A CEMETERY</u> , WILL INTERMENT RIGHTS CONTINUE TO BE SOLD AFTER THE PRENEED LICENSE IS SURRENDERED? <u>IF NO</u> , SUBMIT AN APPLICATION TO SURRENDER ENDOWMENT CARE CEMETERY WITH THIS APPLICATION.	Yes
	No
	N/A

IS THE CURRENT AND UP-TO DATE PRENEED CONTRACT SALES LOG SUBMITTED WITH THIS APPLICATION? <u>IF NO</u> , SUBMIT A WRITTEN EXPLANATION WITH THIS APPLICATION, EXPLAINING WHY THE PRENEED CONTRACT SALES LOG HAS NOT BEEN SUBMITTED.	Yes
	No

ARE ALL OF THE MERCHANDISE AND SERVICES TRUST AGREEMENTS AND/OR PARTICIPATION AGREEMENTS, ALL OF THE SURETY BONDS, ALL OF THE LETTERS OF CREDIT, AND A LIST OF ALL INSURANCE COMPANIES USED TO FUND PRENEED CONTRACTS ON FILE WITH THE BOARD? <u>IF NO</u> , SUBMIT A COPY OF EACH TRUST AGREEMENT AND/OR PARTICIPATION AGREEMENT, EACH SURETY BOND, EACH LETTER OF CREDIT, AND A LIST OF EACH INSURANCE COMPANY USED TO FUND PRENEED CONTRACTS BY THE PRENEED LICENSE BEING SURRENDERED.	Yes
	No

BY MARKING THE CHECK BOXES BELOW, THE AUTHORIZED REPRESENTATIVE OF THE PRENEED LICENSE 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 preneed license listed in this application, and I understand that this application must be approved by the Board prior to the license being surrendered.	
2. The effective date of surrender if the preneed license will be the date signed by the Board as shown below.	
3. An accounting showing each and every payment received by the preneed license for the outstanding preneed contracts have been submitted to the appropriate funding vehicles (trust or insurance) has been submitted with this application.	
4. The preneed license has ceased all preneed sales activity to the public. The date of the last preneed contract sold by the preneed license is	
5. The preneed license has collected and deposited into trust or insurance policies 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 preneed license being surrendered will be kept intact and in trust after the preneed license 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 until the funds have all been exhausted.	
7. The Board shall continue to have jurisdiction over the inactive preneed licensed so long as there are funds in trust or preneed contracts have not been fulfilled.	
8. The Alabama Board of Funeral Services shall require reports and examine records as often as the Board deems appropriate.	
9. The preneed licenses will submit annual inactive preneed activity reports to the Board until all preneed contracts have been fulfilled.	
10. The Board may impose further requirements in order for the preneed license to be surrendered. The Board shall notify the preneed license via the e-mail address on file with the Board of any additional requirements, if any.	

BY SIGNING BELOW, THE AUTHORIZED REPRESENTATIVE FOR THE PRENEED LICENSE 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 OR 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 PRENEED LICENSE.

NAME OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORITY LICENSE:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORITY LICENSE:	DATE SIGNED:

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

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