



**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 TRANSFER OWNERSHIP OF ENDOWMENT CARE CEMETERY

**NOTE: TRANSFER OF OWNERSHIP OF ENDOWMENT CARE CEMETERY APPLICATIONS MUST BE APPROVED PRIOR TO CLOSING THE TRANSACTION OF TRANSFERRING OWNERSHIP OF AN ENDOWMENT CARE CEMETERY.**

**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
The closing of the transaction to transfer ownership of endowment care cemetery must not be completed until this application is approved by the Board	
All required reports due to the Board have been submitted for the seller to the point of submission of this application	
Administrative actions against the seller have been resolved to the Board's satisfaction	
All funds collected by the seller from endowment care contracts have been deposited into an endowment care trust	
The seller and purchaser; and each named person in the application must be in good standing with the Alabama Board of Funeral Services	

REQUIRED DOCUMENTS	SUBMITTED
This application completed in its entirety (each question, checkbox, or required attachment should be acknowledged regardless of applicability)	
Proof that the funds from the sale of endowment care contracts have been fully deposited into an endowment care trust	
A list of locations operating under a common business enterprise with the same name as the endowment care cemetery being transferred (included)	
Copy of the written notification of the transfer of ownership of the preneed license to the preneed contract holders	
Copy of the seller's most current and up-to-date Cemetery Property Sales Log (if applicable)	
Copy of the seller's most recent endowment care trust statement(s) (if applicable)	
A list of all bank accounts currently holding the seller's endowment care funds	
A copy of the asset purchase agreement or other form of contract which describes the terms of the transaction which will result in a transfer of the endowment care cemetery with any exhibits, attachments, or schedules referenced in the agreement or contract, specifically addressing the parties' agreements concerning performance of endowment care contracts previously sold, but not fulfilled, by the seller.	
A copy of the seller's most current and up-to-date Cemetery Property Sales Log	
A copy of the seller's most recent report of endowment care activity (if applicable)	
Copy of the seller's endowment care trust agreement(s) (if applicable)	

- **Questions regarding an application should be e-mailed to [preneed@fsb.alabama.gov](mailto:preneed@fsb.alabama.gov) or submitted through our website: [www.fsb.alabama.gov](http://www.fsb.alabama.gov) > About Us > Contact Us**

**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 THE APPLICATION.**

NAME OF ENDOWMENT CARE CEMETERY TO BE TRANSFERRED (Seller):											
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):						BUSINESS ENTITY'S E-MAIL ADDRESS:					
						BUSINESS ENTITY'S TELEPHONE NUMBER:					
FULL PHYSICAL ADDRESS (if different from mailing address):						ENDOWMENT CARE REGISTRATION NUMBER:					
						BUSINESS ENTITY'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:					
NAME OF TRUST COMPANY WHICH CURRENTLY HOLDS THE ENDOWMENT CARE TRUST FUNDS (Submit a copy of the endowment care trust agreement with this application, or specify on a separate page if the agreement is already on file with the Board):											
FULL MAILING ADDRESS OF TRUSTEE (street number, street name, city, state, zip code):						TRUSTEE'S E-MAIL ADDRESS:					
						TRUSTEE'S TELEPHONE NUMBER:					
TRUSTEE CONTACT NAME:											
DOES THE ENDOWMENT CARE CEMETERY HAVE A PRENEED LICENSE? <b>IF YES</b> , SUBMIT AN APPLICATION TO TRANSFER PRENEED LICENSE WITH THIS APPLICATION. NOTE THAT PRENEED TRANSFER APPLICATIONS MUST BE APPROVED PRIOR TO THE TRANSFER TAKING PLACE.										<input type="checkbox"/>	Yes
										<input type="checkbox"/>	No
HAS THE SELLER SUBMITTED TO THE BOARD THE MOST RECENT REPORT OF ENDOWMENT CARE SALES ACTIVITY? <b>IF NO</b> , DO NOT MOVE FORWARD WITH THIS APPLICATION UNTIL THIS STEP IS COMPLETED.										<input type="checkbox"/>	Yes
										<input type="checkbox"/>	No
ARE ALL OF THE ENDOWMENT CARE TRUST AGREEMENTS CURRENTLY IN FORCE WITH THE SELLER ON FILE WITH THE BOARD? <b>IF NO</b> , SUBMIT ALL ENDOWMENT CARE TRUST AGREEMENTS WITH THIS APPLICATION.										<input type="checkbox"/>	Yes
										<input type="checkbox"/>	No

BY CHECKING THE BOXES BELOW, THE SELLER AGREES TO THE FOLLOWING STATEMENTS:	
1. A copy of the asset purchase agreement specifically addressing the seller's agreement on the performance of endowment care contracts previously sold but not yet fulfilled by the seller is submitted with this application.	<input type="checkbox"/>
2. A list of all bank accounts holding endowment care funds is submitted with this application.	<input type="checkbox"/>

**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.**

IS THE BUSINESS ENTITY OPERATING AT MORE THAN ONE LOCATION UNDER A COMMON BUSINESS ENTERPRISE <b>WITH THE SAME NAME</b> AS THE ENDOWMENT CARE CEMETERY BEING TRANSFERRED? <b>IF YES</b> , LIST THE FULL PHYSICAL ADDRESS, E-MAIL ADDRESS, AND TELEPHONE NUMBER BELOW.	Yes
	No

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

WHERE ARE ENDOWMENT CARE FILES BEING KEPT (check one)?	
<input type="checkbox"/> On-Site	<input type="checkbox"/> Other Location:

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

WHERE ARE ENDOWMENT CARE FILES BEING KEPT (check one)?	
<input type="checkbox"/> On-Site	<input type="checkbox"/> Other Location:

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

WHERE ARE ENDOWMENT CARE FILES BEING KEPT (check one)?	
<input type="checkbox"/> On-Site	<input type="checkbox"/> Other Location:

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

WHERE ARE ENDOWMENT CARE FILES BEING KEPT (check one)?	
<input type="checkbox"/> On-Site	<input type="checkbox"/> Other Location:

NAME OF BUSINESS ENTITY TO ACCEPT THE ENDOWMENT CARE CEMETERY BEING TRANSFERRED (Purchaser):										
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):					BUSINESS ENTITY'S E-MAIL ADDRESS:					
					BUSINESS ENTITY'S TELEPHONE NUMBER:					
FULL PHYSICAL ADDRESS (if different from mailing address):					ENDOWMENT CARE REGISTRATION NUMBER (if applicable):					
					BUSINESS ENTITY'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:					
DOES THE PURCHASER CURRENTLY HAVE AN ENDOWMENT CARE CEMETERY REGISTERED WITH THE ALABAMA BOARD OF FUNERAL SERVICES? <b>IF YES</b> , ENTER THE ENDOWMENT CARE CEMETERY INFORMATION BELOW:								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NAME OF ENDOWMENT CARE CEMETERY AS IT APPEARS ON THE REGISTRATION:						ENDOWMENT CARE REGISTRATION NUMBER:				
DOES THE PURCHASER CURRENTLY HAVE A CERTIFICATE OF AUTHORITY LICENSE? <b>IF NO</b> , SUBMIT AN APPLICATION FOR NEW PRENEED LICENSE WITH THIS APPLICATION.								<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HOW DOES THE PURCHASER INTEND TO OPERATE THE ENDOWMENT CARE CEMETERY BEING TRANSFERRED (check the appropriate box)?										
<input type="checkbox"/> New Endowment Care Cemetery Registration			<input type="checkbox"/> Operate under a common business enterprise with the same name as the purchaser's existing endowment care cemetery							
PROPOSED NAME UNDER WHICH THE ENDOWMENT CARE CEMETERY BEING TRANSFERRED WILL OPERATE:										
DATE OF INTENDED CLOSING:										

BY CHECKING THE BOXES BELOW, THE PURCHASER OF THE ENDOWMENT CARE CEMETERY BEING TRANSFERRED (PURCHASER) AGREES TO THE FOLLOWING STATEMENTS:									
1. A copy of any endowment care trust agreements that will go into effect upon approval of the transfer application is submitted with this application.									
2. A copy of the asset purchase agreement specifically addressing the purchaser's agreement on the performance of preneed contracts previously sold but not yet fulfilled by the seller is submitted with this application.									
3. A copy of any cemetery merchandise and services trust agreements that will go into effect upon the approval of the transfer application is submitted with this application.									

BY SIGNING BELOW, THE HOLDER OF THE ENDOWMENT CARE CEMETERY BEING TRANSFERRED (SELLER) HEREBY CERTIFIES THAT HE OR SHE HAS COMPLIED WITH EACH OF THE REQUIREMENTS STATED IN THIS APPLICATION. FURTHER, THE SELLER CERTIFIES THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF. THE SELLER UNDERSTANDS THAT ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO THE ALABAMA BOARD OF FUNERAL SERVICES OR ITS REPRESENTATIVES, 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.

NAME OF AUTHORIZED REPRESENTATIVE OF THE ENDOWMENT CARE CEMETRERY BEING TRANSFERRED (SELLER):

SIGNATURE:

DATE:

BY SIGNING BELOW, THE PURCHASER OF THE ENDOWMENT CARE CEMETERY BEING TRANSFERRED (PURCHASER) HEREBY CERTIFIES THAT HE OR SHE HAS COMPLIED WITH EACH OF THE REQUIREMENTS STATED IN THIS APPLICATION. FURTHER, THE PURCHASER CERTIFIES THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF. THE PURCHASER UNDERSTANDS THAT ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO THE ALABAMA BOARD OF FUNERAL SERVICES OR ITS REPRESENTATIVES, 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.

NAME OF AUTHORIZED REPRESENTATIVE OF THE PURCHASER OF ENDOWMENT CARE CEMETERY BEING TRANSFERRED (PURCHASER):

SIGNATURE:

DATE:

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

DATE TRANSFER APPROVED: