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ALABAMA BOARD OF FUNERAL SERVICES

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CHARLES PERINE
DIRECTOR

APPLICATION TO TRANSFER OWNERSHIP OF PRENEED LICENSE

NOTE: TRANSFER OF OWNERSHIP OF PRENEED LICENSE APPLICATIONS MUST BE APPROVED PRIOR TO CLOSING THE TRANSACTION OF TRANSFERRING OWNERSHIP OF A PRENEED LICENSE. ADDITIONALLY, THE TRANSFER OF OWNERSHIP OF A PRENEED LICENSE MUST BE APPROVED PRIOR TO THE CHANGE OF OWNERSHIP OF A FUNERAL ESTABLISHMENT BEING COMPLETED.

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.

THIS APPLICATION IS ACCOMPANIED BY THE FOLLOWING FEE(S)

APPLICATION TYPE	NUMBER OF APPLICATIONS SUBMITTED		TOTAL AMOUNT	
Transfer Ownership of Preneed License			X \$500.00 =	
Application for New Preneed License			X \$250.00 =	
Application for New Preneed Sales Agent License			X \$50.00 =	
Application for Additional Registration of Preneed Sales Agent License			X \$50.00 =	
Report of Preneed Activity	Number of Reports Submitted			
	Number of days past due date per report		X \$50.00 =	
Background Check			X \$40.00 =	
			TOTAL	

REQUIRED QUALIFICATIONS	MET
The closing of the transaction to transfer ownership of preneed license 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 post-law preneed contract sales have been deposited into a trust or life insurance company	
Each named person in the application must be at least of the legal age of majority in the state of Alabama	
The seller and purchaser; and each named person in the application must be in good standing with the Alabama Board of Funeral Services	
The purchaser and each named person in the application must NOT have any felony or misdemeanor convictions that relate to any activity regulated by Chapter 13 of Title 34 of the Code of Alabama 1975, and the purchaser and each named person in the application must NOT have committed crimes involving moral turpitude as defined by Chapter 13 of Title 34 of the Code of Alabama 1975	
The purchaser must have a minimum equity amount as required by Administrative Code 395-X-9-.08	

REQUIRED DOCUMENTS	SUBMITTED
This application completed in its entirety (each question, checkbox, or required attachment should be acknowledged regardless of applicability)	
Proof that the preneed contracts funded with surety bond or letter of credit have been fully deposited into trust or insurance company	
A list of locations operating under a common business enterprise with the same name as the preneed license being transferred (included)	
Application for New Preneed License (if applicable)	
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 Preneed Contract Sales Log (if applicable)	
Copy of the seller's merchandise and services trust agreement(s) (if applicable)	
The seller's most recent report of preneed activity (if applicable)	
A complete list of all of the seller's pre-law preneed contracts including the beneficiary name, retail contract amount, and method of funding (if applicable)	
A list of all bank accounts currently holding the seller's preneed 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 preneed license with any exhibits, attachments, or schedules referenced in the agreement or contract, specifically addressing the parties' agreements concerning performance of preneed 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)	

REQUIRED FEES	PAID
Application Fee of \$500.00	
Background Check Fee of \$40.00 (one fee per person, even if applying for multiple licenses at the same time)	
Preneed Sales Agent Application Fee of \$50.00 per application (if applicable)	
New Preneed License Application Fee of \$250.00 per application (if applicable)	
\$50.00 per day late fee for the Report of Preneed Activity (if submitted after the due date) (if applicable)	

- 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
- If any named person(s) in the application has been convicted of a felony or misdemeanor, the person must request **CERTIFIED** records to be mailed to the Board from the court in which the conviction occurred. Mail to 4276 Lomac Street, Montgomery, Alabama 36106
- All fees may be combined in one form of payment (cash, check, money order, cashier's check, or credit/debit card). Please make sure a description of each item being paid for accompanies the payment if all fees are combined in one form of payment.
- No application will be considered until all items on the checklist are satisfied, unless otherwise approved by the Board.

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.

LICENSE TO BE TRANSFERRED:	<u>IF LICENSE TO BE TRANSFERRED IS A BRANCH REGISTRANT LICENSE,</u> ENTER THE INFORMATION FOR THE CERTIFICATE OF AUTHORITY UNDER WHICH THE BRANCH REGISTRANT LICENSE WILL BE REGISTERED BELOW:	
CERTIFICATE OF AUTHORITY		
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 TO BE TRANSFERRED (Seller):			
D/B/A NAME (if applicable):			
TYPE OF BUSINESS ENTITY (check one):			
☐ Funeral Establishment	☐ Cemetery Authority	☐ Combination Funeral and Cemetery	☐ Third-Party Seller
TYPE OF ORGANIZATION (check one):			
☐ Sole Proprietorship	☐ Partnership	☐ LLC	☐ LLP ☐ C Corporation ☐ 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):		PRENEED LICENSE NUMBER:	
		BUSINESS ENTITY'S FISCAL YEAR END DATE:	
ARE THERE ANY BRANCH REGISTRANT LICENSES REGISTERED UNDER THE PRENEED LICENSE BEING TRANSFERRED? <u>IF YES,</u> SUBMIT AN APPLICATION TO TRANSFER OWNERSHIP OF PRENEED LICENSE FOR EACH BRANCH REGISTRANT LICENSE REGISTERED UNDER THE PRENEED LICENSE BEING TRANSFERRED IN THIS APPLICATION.			Yes
			No
WHAT TYPE OF FUNDING HAS BEEN USED TO FUND PRENEED CONTRACTS (select all funding types that have ever been used, even if they are no longer used but have outstanding contracts associated with them)?			
☐ Insurance/Annuity	☐ Trust	☐ Surety Bond	☐ 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 OR INSURANCE COMPANY? <u>IF NO,</u> DO NOT MOVE FORWARD WITH THE APPLICATION UNTIL THIS STEP IS COMPLETED. <u>IF YES,</u> SUBMIT PROOF OF FUNDING WITH THIS APPLICATION.			Yes
			No
			N/A
HAS THE PRENEED LICENSE BEING TRANSFERRED SUBMITTED TO THE BOARD THE MOST RECENT REPORT OF PRENEED ACTIVITY? <u>IF NO,</u> DO NOT MOVE FORWARD WITH THE APPLICATION UNTIL THIS STEP IS COMPLETED. <u>IF IT IS AFTER THE DUE DATE THAT THE REPORT IS TO BE SUBMITTED TO THE BOARD,</u> SUBMIT THE \$50.00 PER DAY LATE FEE WITH THE REPORT OF PRENEED ACTIVITY.			Yes
			No
HAS THERE BEEN ANY PRENEED ACTIVITY WITH THE PRENEED LICENSE BEING TRANSFERRED SINCE THE REPORT OF PRENEED ACTIVITY WAS SUBMITTED TO THE BOARD (fulfilled, cancelled, or transferred contracts)? <u>IF YES,</u> SUBMIT THE SELLER'S MOST CURRENT AND UP-TO-DATE PRENEED CONTRACT SALES LOG WITH THIS APPLICATION.			Yes
			No
HAS THE PRENEED LICENSE BEING TRANSFERRED SUBMITTED TO THE BOARD THE MOST RECENT ENDOWMENT CARE SALES REPORT? <u>IF NO,</u> DO NOT MOVE FORWARD WITH THE APPLICATION UNTIL THIS STEP IS COMPLETED.			Yes
			No
			N/A

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 <u>WITH THE SAME NAME</u> AS THE PRENEED LICENSE BEING TRANSFERRED? <u>IF YES</u> , LIST THE FULL PHYSICAL ADDRESS, E-MAIL ADDRESS, TELEPHONE NUMBER, TYPE OF BUSINESS ENTITY, AND TYPE OF PRENEED CONTRACTS TO BE WRITTEN AT EACH LOCATION 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:
TYPE OF BUSINESS ENTITY (check one):	
☐ Funeral Establishment	☐ Cemetery Authority
☐ Combination Funeral and Cemetery	☐ Third-Party Seller
WHERE ARE PRENEED FILES BEING KEPT (check one)?	
☐ On-Site	☐ 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:
TYPE OF BUSINESS ENTITY (check one):	
☐ Funeral Establishment	☐ Cemetery Authority
☐ Combination Funeral and Cemetery	☐ Third-Party Seller
WHERE ARE PRENEED FILES BEING KEPT (check one)?	
☐ On-Site	☐ 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:
TYPE OF BUSINESS ENTITY (check one):	
☐ Funeral Establishment	☐ Cemetery Authority
☐ Combination Funeral and Cemetery	☐ Third-Party Seller
WHERE ARE PRENEED FILES BEING KEPT (check one)?	
☐ On-Site	☐ Other Location:

ARE ALL OF THE FUNERAL MERCHANDISE AND SERVICES TRUST AGREEMENTS CURRENTLY IN-FORCE WITH THE PRENEED LICENSE BEING TRANSFERRED ON FILE WITH THE BOARD? <u>IF NO</u> , SUBMIT ALL FUNERAL MERCHANDISE AND SERVICES TRUST AGREEMENTS WITH THIS APPLICATION.	Yes
	No
	N/A
ARE ALL OF THE CEMETERY MERCHANDISE AND SERVICES TRUST AGREEMENTS CURRENTLY IN-FORCE WITH THE PRENEED LICENSE BEING TRANSFERRED ON FILE WITH THE BOARD? <u>IF NO</u> , SUBMIT ALL CEMETERY MERCHANDISE AND SERVICES TRUST AGREEMENTS WITH THIS APPLICATION.	Yes
	No
	N/A
IS THE ENDOWMENT CARE TRUST AGREEMENT CURRENTLY IN-FORCE WITH THE PRENEED LICENSE BEING TRANSFERRED ON FILE WITH THE BOARD? <u>IF NO</u> , SUBMIT THE ENDOWMENT CARE TRUST AGREEMENT WITH THIS APPLICATION.	Yes
	No
	N/A

BY CHECKING THE BOXES BELOW, THE HOLDER OF THE PRENEED LICENSE BEING TRANSFERRED (SELLER) AGREES TO THE FOLLOWING STATEMENTS:	
1. A list of all outstanding pre-law contracts containing the beneficiary name, the retail amount of the contract, and the funding method is submitted with this application.	
2. A list of all bank accounts holding preneed funds is submitted with this application.	
3. A copy of the asset purchase agreement specifically addressing the seller's agreement on the performance of preneed contracts previously sold, but not yet fulfilled, by the seller is submitted with this application.	

BY SIGNING BELOW, THE HOLDER OF THE PRENEED LICENSE 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 PRENEED LICENSE BEING TRANSFERRED (SELLER):	
SIGNATURE:	DATE:
STATE OF _____ COUNTY OF _____ On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name(s) of seller(s)), known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal. Notary Public Signature: _____ My Commission Expires: _____ (Seal)	

NAME OF BUSINESS ENTITY TO ACCEPT THE PRENEED LICENSE BEING TRANSFERRED (Purchaser):										
D/B/A NAME (if applicable):										
TYPE OF BUSINESS ENTITY (check one):										
☐	Funeral Establishment		☐	Cemetery Authority		☐	Combination Funeral and Cemetery		☐	Third-Party Seller
TYPE OF ORGANIZATION (check one):										
☐	Sole Proprietorship		☐	Partnership		☐	LLC		☐	LLP
☐	C Corporation		☐	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):						PRENEED LICENSE NUMBER:				
						BUSINESS ENTITY'S FISCAL YEAR END DATE:				
DOES THE PURCHASER CURRENTLY HAVE A CERTIFICATE OF AUTHORITY LICENSE? IF NO , SUBMIT AN APPLICATION FOR NEW PRENEED LICENSE WITH THIS APPLICATION.										
									☐	Yes
									☐	No
HOW DOES THE PURCHASER INTEND TO OPERATE THE PRENEED LICENSE BEING TRANSFERRED (check the appropriate box)?										
☐	New Certificate of Authority license			☐	New Branch Registrant license to be registered under the Purchaser's Certificate of Authority license			☐	Operate under a common business enterprise with the same name as the Purchaser's existing Certificate of Authority license	
PROPOSED NAME UNDER WHICH THE PRENEED LICENSE BEING TRANSFERRED WILL OPERATE:										
DATE OF INTENDED CLOSING:										

BY CHECKING THE BOXES BELOW, THE HOLDER OF THE PRENEED LICENSE BEING TRANSFERRED (SELLER) AGREES TO THE FOLLOWING STATEMENTS:	
1. A copy of any funeral merchandise and services 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.	☐
4. A copy of any new endowment care trust agreements that will go into effect upon approval of the transfer application is submitted with this application.	☐
5. A copy of the purchaser's most recent financial statement showing the purchaser's equity is submitted with this application (if not already on file with the Board).	☐

BY SIGNING BELOW, THE PURCHASER OF THE PRENEED LICENSE 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 THE PRENEED LICENSE BEING TRANSFERRED (PURCHASER):

SIGNATURE:

DATE:

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally

appeared _____ (name(s) of purchaser(s)), known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature: _____

My Commission Expires: _____

(Seal)

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

DATE TRANSFER APPROVED: