

CEMETERY PERPETUAL CARE FUND

CERTIFICATE OF DEPOSIT REPORT

Submit to:
Oklahoma Insurance Department
3625 NW 56th Suite 100
Oklahoma City, OK 73112
(405)521-3966

1. Name of Organization: _____
(Legal Name of Organization)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Fax Number: _____

2. Name of Cemetery (if different than that of the Organization): _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Fax Number: _____

3. Name of person to contact about this Report: _____

E-mail Address of person to contact about this Report: _____

Telephone Number: _____ Fax Number: _____

4. Description of the Certificate of Deposit by which the Cemetery maintains it perpetual care fund:

Amount: \$ _____ Term: _____

Date Issued: _____ Maturity Date _____

5. Name of Financial Institution Issuing the CD: _____

Address: _____
(Street) (City) (State) (Zip)

Name of Contact Person at Financial Institution: _____

E-mail Address of Contact Person at Financial Institution: _____

Telephone Number of Contact Person at Financial Institution: _____

PLEDGE OF CERTIFICATE

I, the undersigned, do hereby represent and agree as follows:

1. I am authorized to bind the Organization named in this Report (the "Cemetery") to the terms of this Report, including the terms of this Pledge;
2. The Cemetery has deposited funds in the financial institution named in this report (the "Institution") and such funds are evidenced by the certificate of deposit (the "Certificate") described in this Report
3. The Cemetery hereby pledges and conveys to the Oklahoma Insurance Department the Certificate, for the benefit of the Oklahoma Insurance Department, pursuant to the requirements of the Oklahoma Perpetual Care Fund Act (Title 36 O.S. § 7101 *et seq.*);
4. The Cemetery agrees that it will not withdraw, transfer, pledge, or otherwise hypothecate the Certificate or funds represented by the Certificate without notice to, and approval from, the Oklahoma Insurance Department;
5. The Cemetery agrees that the financial institution named in this Report may comply with instructions originated by the Oklahoma Insurance Department directing the disposition of the funds in the Certificate without further consent by the Cemetery;
6. The provisions of this Pledge will continue in full force and effect and apply to any renewal or continuation of the Certificate, or to any other deposit funds that may be proceeds of the Certificate;
7. Enclosed is a true and correct copy of the Certificate.

Signature

Print Name

Title

Name of Organization/Cemetery

**Include with this Report a copy of the Certificate of Deposit
described on page one of this Report.**

CERTIFICATION AND AGREEMENT BY FINANCIAL INSTITUTION

The undersigned financial institution (the "Institution") does hereby certify and agree as follows:

1. The Organization named in this Report (the "Cemetery") has deposited funds in the Institution and such funds are evidenced by the certificate of deposit (the "Certificate") described in this Report;
2. The records of the Institution reflect that the Certificate is pledged in favor of the Oklahoma Insurance Department;
3. Funds represented by the Certificate are subject to withdrawal by the Cemetery only after notice to, and approval from, the Oklahoma Insurance Department;
4. The Institution agrees to comply with instructions originated by the Oklahoma Insurance Department directing the disposition of the funds in the Certificate without further consent by the Cemetery; and
5. The provisions of this Report will continue in full force and effect and apply to any renewal or continuation of the Certificate, or to any other deposit funds that may be proceeds of the Certificate.

Signature

Print Name

Title

Name of Financial Institution

This instrument was acknowledged before me on _____, by _____,
(Name of Individual)

as _____ of _____.
(Title) (Name of Institution)

Commission Expires: _____ Notary: _____

Commission Number: _____

[seal]