

## **Permit Application for Prepaid Funeral Benefits**

A complete Application must include:

- \_\_\_\_\_ Prepaid Funeral Benefits Permit Application (PFB-2009)
- \_\_\_\_\_ \$50.00 Application Fee
- \_\_\_\_\_ Biographical Affidavit(s)
- \_\_\_\_\_ Trust Agreement (if applicable\*) – Submit hardcopy
- \_\_\_\_\_ Bond or Letter of Credit naming the Oklahoma Insurance Department as the Obligee or Beneficiary (if applicable\*) – Submit hardcopy

\*These items are only required if the Applicant intends to fund prepaid funeral contracts through a Trust

### **Overview**

Requirements concerning Prepaid Funeral Benefits licensure and administration may be found within OKLA. STAT. TIT. 36 § 6121-6136.18 and the Oklahoma Administrative Code (rules) Subchapter 9 365:25-9-1 through 8. Please review these statutes and rules in their entirety as adherence to all regulation is the responsibility of the permit holder and all its members.

Your organization may begin negotiating prepaid funeral contracts, as defined in §6121, only after the application has been approved.

If the applicant is the buyer of an establishment that funded prepaid funeral contracts through a prepaid funeral trust, the applicant may not access (to include transfer, withdraw or deposit) the existing trust without prior approval by the Oklahoma Insurance Department. Approval is only offered in the form of a Prepaid Funeral Benefits permit.

All Forms are available via the Oklahoma Insurance Departments website; located at [www.ok.gov/oid](http://www.ok.gov/oid) . You may also contact the Financial Division (405 521-3966) with all questions and/or concerns you have regarding Prepaid Funeral Benefits.



Prepaid Funeral Benefits Permit  
Application

General Information

Name of Organization: \_\_\_\_\_  
(include True name and if applicable Doing Business As name)

Type of Organization: \_\_\_\_\_ Sole Proprietor\* \_\_\_\_\_ Partnership\* \_\_\_\_\_ Corporation\*

State Tax ID: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

\*Each Proprietor or member of the Partnership/Corporation must submit a Biographical Affidavit

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
( if applicable)

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Funeral Director in Charge: \_\_\_\_\_

General Interrogatories

1. Has the owner or any principal employees of the organization been admonished, censored, suspended or fined within the last year by the Oklahoma Funeral Board for violations involving funeral home activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach statement of explanation.

2. Have any of the principals (owner[s], manager, employees with fiduciary duties, ect.) ever been convicted of a felony or misdemeanor involving moral turpitude?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain. \_\_\_\_\_

3. Have you or your organization ever applied for a permit from this Department?

Yes \_\_\_\_\_ No \_\_\_\_\_

Were you approved or denied?

Approved \_\_\_\_\_ Denied \_\_\_\_\_

If denied, please attach statement of explanation.

If approved, did your permit lapse, was it sold or other \_\_\_\_\_

Please attach statement of explanation.

