

APPENDIX G. ANNUAL REPORT
Form PF-1-a Filed in Accordance with 36 O.S. §6128
FOR PREPAID FUNERAL BENEFITS AND FUNDS

Prepared By

(Name of Funeral Home Director)

(Name of Funeral Home Trust Fund)

FOR THE YEAR ENDING DECEMBER 31, 19__

QUESTIONNAIRE FOR VERIFICATION:

Were all prepaid funeral contracts signed by all parties involved? Yes _____ No _____

Were all prepaid funeral withdrawal forms properly signed, notarized and itemized if necessary? Yes _____ No _____

Do you have current addresses and phone numbers for each buyer? Yes _____ No _____

Do all contracts carry the name and address of your funeral home? Yes _____ No _____

Are all prepaid funeral customers notified at least annually of their current account monies and interest accrued to date? Yes _____ No _____

IF YOUR ANSWER TO ANY OF THE ABOVE IS NO, PLEASE DESCRIBE IN DETAIL THE REASONS WHY THE QUESTION(S) WERE ANSWERED IN THE NEGATIVE AND WHAT WILL BE DONE TO CORRECT THE SITUATION.

Signature of Director or Manager

Date

ANNUAL REPORT - 19__

Form PF-1-b CERTIFICATION
DUE MARCH 15, 19__

(Name of Funeral Home)

(Address)

(City, Zip)

The attached information is submitted on behalf of the above funeral home based on its records ending December 31, 19__ covering ALL contracts which have not been discharged as of December 31, 19__.

THIS FORM IS FOR USE ONLY IN REPORTING CONTRACTS FUNDED BY CASH.
(YOU MUST COMPLETE A SEPARATE FORM PF-1-b FOR EACH FINANCIAL INSTITUTION BEING USED BY YOUR FUND.)

(Name of Financial Institution)

(Address)

(City, State, Zip)

CERTIFICATION

The undersigned states and affirms that he/she has duly executed this annual report for and on behalf of the above funeral home, that he/she is the _____ (Title of Officer) of such organization and that he/she is authorized to execute and file such instrument. He/she further states that he/she is familiar with such instrument and contracts thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief.

(Signature)

(Print or type name of Signature)

(Date)

TOTAL OF ALL MONIES HELD PLUS INTEREST: _____

Subscribed and sworn to before me this ____ day of _____, 19__.

Notary Public

My Commission Expires:
