

**ANNUAL REPORT OF 2016 PREPAID FUNERAL BENEFIT CONTRACT ACTIVITY
(TRUST-FUNDED)**

FILING INSTRUCTIONS

Who Must File an Annual Report? All permit holders with outstanding prepaid funeral contracts must complete and file the Annual Report. It is extremely important that you submit accurate and complete information.

Your completed Annual Report is required in our office by March 1, 2017.

Completing the Annual Report.

- Pages 1 and 2 of the Annual Report are to be completed by the permit holder.
- The final page of the permit holder's control ledger as of December 31, 2016 must be submitted with the Annual Report. **The ledger must balance to page 2 and page 3 of the Annual Report form.** If the data does not balance, an explanation or reconciliation of the variance must be submitted with the filing.
- Page 3 of the Annual Report is to be completed and signed by the trustee for each depository holding prepaid funeral funds.
- Page 4 of the Annual Report must be signed by a person authorized to sign for the permit holder.

Filing the Annual Report.

Mail, Fax, **or** E-mail the completed annual report to:

**Texas Department of Banking
ATTN: Special Audits Division
2601 North Lamar Blvd.
Austin, Texas 78705-4294
Facsimile Number: (512) 475-1313
Electronic Mail: pfcpc@dob.texas.gov**

Please call a Special Audits Representative at (512) 475-1285 or (512) 475-1287 with any questions concerning the completion of this form.

You should maintain a copy of this completed form in your files for your next Departmental examination.

**TEXAS DEPARTMENT OF BANKING
ANNUAL REPORT OF 2016 ACTIVITY FOR
TRUST-FUNDED PERMIT NO. _____**

(Pursuant to the provisions of Chapter 154 of the Texas Finance Code and the rules and regulations of the Texas Department of Banking)

Name of Firm or Corporation _____

“Doing Business As” Name: _____

Domicile Address:

Street Address

City, State, Zip

Mailing Address:

Street Address

City, State, Zip

Telephone and Fax Numbers:

Telephone Number

Fax Number

Contact Person: _____

E-mail Address: _____

RECAPITULATION OF 2016 PREPAID FUNERAL BENEFIT CONTRACT ACTIVITY

INSTRUCTIONS FOR COMPLETING PAGE 2. Keep the principal separate from the interest and place the information on the proper lines. This report should reflect all contracts. (The ending totals MUST balance to your control ledger as of 12/31/16.)

Section (a) The beginning amounts are the year-end totals as of December 31, 2015. Use your Annual Report from the previous year to get these amounts.

Section (b) Any adjustments made during 2016. Additions should be listed as positive amounts and reductions as bracketed amounts. All adjustments must be explained on a separate page.

Section (c) This will be the total number of new contracts sold in 2016 and the amount of all payments received and required to be deposited into your prepaid trust, including any funds received on new and old accounts and all interest earned during 2016.

Section (d) This will be any contract that may have been previously withdrawn and is being reinstated.

Section (e) This will be the total number of contracts matured, canceled, or escheated that have been withdrawn during 2016 and any other withdrawals approved by the Department.

Section (f) The ending amounts are your grand total from prepaid activity in 2016. This line must include all outstanding contracts. Totals in (f) must balance with your enclosed December 31, 2016 control ledger and the "Total on Deposit Book (Cost) Value" on the trustee statement(s). **If the three do not agree, an explanation of the difference must be attached.**

(a) BEGINNING TOTALS	Total Number of Contracts as of 12/31/15	Principal Deposits Required as of 12/31/15	Interest Earned as of 12/31/15	Total Principal and Interest as of 12/31/15
	_____	\$ _____	\$ _____	\$ _____ (+)
(b) ADJUSTMENTS	_____	\$ _____	\$ _____	\$ _____ (+/-)
(c) DEPOSITS	Total Number of Contracts Sold for 2016	Principal Deposits Required 2016	Interest Earned for 2016	Total Principal and Interest Deposited for 2016
	_____	\$ _____	\$ _____	\$ _____ (+)
(d) REINSTATEMENTS	_____	\$ _____	\$ _____	\$ _____ (+)
(e) WITHDRAWALS	Total Number of Contracts Withdrawn 2016	Principal Amount Withdrawn 2016	Interest Withdrawn for 2016	Total Principal and Interest Withdrawn for 2016
Maturity/Cancellations	_____	\$ _____	\$ _____	\$ _____ (-)
Abandoned Property	_____	\$ _____	\$ _____	\$ _____ (-)
Other (DOB Approved)	_____	\$ _____	\$ _____	\$ _____ (-)
Federal Income Taxes			\$ _____	\$ _____ (-)
Depository/Trustee Fees			\$ _____	\$ _____ (-)
Annual Assessments			\$ _____	\$ _____ (-)
Other (provide support)	_____	\$ _____	\$ _____	\$ _____ (-)
(f) TOTALS	Total Number of Contracts as of 12/31/16	Amount of Principal Required as of 12/31/16	Amount of Interest Required as of 12/31/16	Grand Total Principal and Interest Required as of 12/31/16
	_____	\$ _____	\$ _____	\$ _____ (=)

(The final page of your control ledger as of 12/31/16 must be attached.)

TRUSTEE/DEPOSITORY STATEMENT
Annual Report of Prepaid Trust Funds as of December 31, 2016

TO BE COMPLETED BY AN OFFICER OF THE FINANCIAL INSTITUTION

Submit this page to your depository for completion. If more than one depository is used, this page may be duplicated. **NOTE: An officer of the financial institution must sign at the bottom of this statement.**

Name & Address of Financial Institution: _____

Account Name: _____

Individual(s) name(s) shown on the
Signature card of the restricted account(s): _____

STATEMENT OF BALANCES AS OF DECEMBER 31, 2016. If an itemized listing of accounts is attached, a grand total must be indicated below.

<u>Type of Accounts</u>	<u>Account Numbers</u>	<u>Total on Deposit – Book (Cost)Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Grand Total \$		_____

If a separate page is necessary to list all accounts, the financial institution must sign each page.

I have verified that the above account(s) is/are styled as preneed funeral funds or prepaid funeral funds and has/have the proper withdrawal restrictions for prepaid funeral benefits funds. I hereby certify that the foregoing statement is true and correct to the best of my knowledge and belief and has been prepared by a representative of my institution.

SIGNED: _____
 (Officer of Financial Institution) Date

PRINT NAME/TITLE: _____

TELEPHONE NUMBER: _____

Please call a Special Audits Representative at (512) 475-1285 or (512) 475-1287 with any questions concerning completion of this form.

ANNUAL REPORT ACKNOWLEDGEMENT

I sign the foregoing Annual Report as _____ of the permit holder, having full
Title or Capacity
Authority to sign such Annual Report in said capacity. I affirm I have read the Annual Report and the attached
exhibits, and all information contained therein is true and correct and no material fact has been omitted.

By:

Name of Permit Holder

Printed Name of Authorized Representative

Signature of Authorized Representative

Title

Date