

# 2014 PREPAID FUNERAL BENEFITS CONTRACT PERMIT RENEWAL APPLICATION (TRUST FUNDED)

## FILING INSTRUCTIONS

**Who Must File a Renewal Application?** A permit renewal application must be filed if the permit holder: (1) wishes to continue selling prepaid funeral contracts; (2) has outstanding prepaid funeral contracts as of December 31, 2013; or (3) wants to preserve the permit for possible future prepaid funeral contract sales.

**Your Renewal Application is required in our office by May 1, 2014** to facilitate the processing of the application and issuance of a new permit by the June 1, 2014 expiration date of your current permit.

### Completing the Renewal Application:

- Pages 1-3 of the Renewal Application are to be completed by the permit holder.
- Page 4 of the Renewal Application is to be signed by an officer of the permit holder.
- The additional documents or exhibits required to be filed with the Renewal Application include:
  - o Exhibit “A” – If applicable, an assumed name certificate that has been filed with the Secretary of State and/or County Clerk. Please refer to the Assumed Name Certificate instructions enclosed for more information. *Note: These certificates expire 10 years after the date of original filing.*
  - o Exhibit “B” – If you wish to continue selling PFCs, you must provide financial statements of the permit holder including a balance sheet and income statement dated not later than the last day of the permit holder’s fiscal year that ended in the immediately preceding calendar year (but not older than 12/31/13). *Blank financial statement forms are available on the Department’s website if you do not have a financial statement format. The financial statements are confidential and will not be subject to Open Records Act requests. Submission of financial statements is now required to determine the permit holder’s financial fitness and viability under Chapter 154 of the Texas Finance Code, Section 154.109(b).*
    - Permit holders may submit a 2013 tax return **with a balance sheet** in lieu of the financial statements. Permit holders whose financial capacity is derived from a parent or holding company may submit the financial statements of the parent or holding company along with an organizational chart. To allow the Department to consider the financial capacity of a parent or holding company, a Letter of Guarantee (LOG) is required to be executed and filed with the Department. If not previously provided to the Department, please attach a copy of the LOG and the parent or holding company’s financial statements.
    - The Department reserves the right to request additional financial information if the balance sheet and income statement submitted do not clearly establish the financial capability to discharge the permit holder’s responsibilities.
  - o Exhibit “C” – For corporations, LLCs, and partnerships, proof of good standing with the Texas Comptroller of Public Accounts is required.

**Please either mail, fax, or e-mail the completed Renewal Application and required Exhibits to:**

Texas Department of Banking  
ATTN: Special Audits Division  
2601 North Lamar Blvd.  
Austin, Texas 78705-4294  
Fax Number: (512) 475-1288  
Electronic Mail: [pfcpsc@dob.texas.gov](mailto:pfcpsc@dob.texas.gov)

**TEXAS DEPARTMENT OF BANKING**  
**2014 PREPAID FUNERAL BENEFIT CONTRACT RENEWAL APPLICATION**  
**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.)

1. Name of Firm or Corporation: \_\_\_\_\_

“Doing Business As” Name: \_\_\_\_\_

2. Location:

(a) Domicile Address: \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

(b) Mailing Address: \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

(c) Records / Exam Location: Company Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

3. Contact Person: \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

4. Customer Service Numbers: Fax \_\_\_\_\_ Phone \_\_\_\_\_

5. Business Operated As (Check one and complete the appropriate section)

☐ Sole Proprietorship      Owner's Name \_\_\_\_\_      Date Purchased \_\_\_\_\_

☐ Partnership      Owner's Names \_\_\_\_\_      Date Purchased \_\_\_\_\_

Owner's Names \_\_\_\_\_      Date Purchased \_\_\_\_\_

☐ Corporation/Association      Charter Number \_\_\_\_\_      Date Filed \_\_\_\_\_

For corporations/associations, name and percentage of majority stockholder(s), (i.e., own 25% or more of outstanding stock)

Name: \_\_\_\_\_ Percentage Owned \_\_\_\_\_      Name: \_\_\_\_\_ Percentage Owned \_\_\_\_\_

Name: \_\_\_\_\_ Percentage Owned \_\_\_\_\_      Name: \_\_\_\_\_ Percentage Owned \_\_\_\_\_

If the Association/Corporation is owned or controlled by any other entity or firm, please explain below:

\_\_\_\_\_

|    |                   |       |                          |
|----|-------------------|-------|--------------------------|
| 6. | Current Officers: | NAME  | DATE APPOINTED TO OFFICE |
|    | President:        | _____ | _____                    |
|    | Vice President:   | _____ | _____                    |
|    | Secretary:        | _____ | _____                    |
|    | Treasurer:        | _____ | _____                    |

7. Has ownership of the permit holder changed over the past 12 months? ☐ Yes ☐ No

If yes, was the Department notified of the ownership change? ☐ Yes ☐ No

Explain the change in ownership, if applicable:

\_\_\_\_\_

8. Is the permit holder still actively selling new contracts under this permit? ☐ Yes ☐ No

9. Have all written consumer complaints filed against anyone associated with the permit holder, if any, been resolved? ☐ Yes ☐ No ☐ NA

If no, explain: \_\_\_\_\_

10. Have all violations cited at the last examination of the permit holder been corrected? ☐ Yes ☐ No

11. Has there been any fraud detected involving any employee of the permit holder in the prepaid funeral contract operations since January 1, 2013? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

12. Has the permit holder been subject to any enforcement actions by a licensed authority in Texas or any other state since January 1, 2013? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

13. Has the permit holder had any permit/license suspended, revoked, or renewal refused in Texas or any other state since January 1, 2013? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

14. Has there been any litigation involving the permit holder initiated since January 1, 2013? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

15. Will anyone other than full-time employees of the permit holder sell prepaid funeral benefit contracts?  
☐ Yes ☐ No

If yes, what will be his/her relationship to the business? \_\_\_\_\_

16. Does the permit holder currently sell any insurance funded preneed funeral contracts? ☐ Yes ☐ No

If yes, please list each insurance company below or on a separate sheet.

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17. If funds are held in formal trust, has the investment for your formal trust changed over the past twelve months? ☐ Yes ☐ No ☐ NA

If yes, the new investment plan must be attached.

18. Select the applicable option:

- ☐ Financial statements are included with this renewal application.
- ☐ Financial statements are not included with this renewal application. I understand that my permit will be issued restricted from new trust-funded prepaid funeral contract sales.

**For third-party permit holders only (where you do not control/own the funeral providers):**

19. Attach a listing of all funeral home providers with outstanding prepaid funeral contracts under this permit. Indicate if you own or control any of these locations.
20. Attach a listing of funeral home providers that are known to the permit holder that ceased business since January 1, 2013.

**PERMIT RENEWAL APPLICATION ACKNOWLEDGEMENT**

I sign the foregoing Permit Renewal Application as a principal officer of the permit holder, having full authority to sign such Permit Renewal Application in said capacity. I affirm I have read the Permit Renewal Application and the attached exhibits, and all information contained therein is true and correct and no material fact has been omitted. I affirm that the permit holder is familiar with and will abide by the provisions of Chapter 154 of the Texas Finance Code.

By: \_\_\_\_\_  
Name of Permit Holder

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## ASSUMED NAME CERTIFICATES

Section 36.02(7) of the Texas Business and Commerce Code (Commerce Code) defines “assumed name” as:

- (a) in the case of an individual, a name that does not include the surname of the individual;
  - (b) in the case of a partnership, a name that does not include the surname or other legal name of each joint venturer or general partner;
  - (c) in the case of an individual or a partnership, a name, including a surname, that suggests the existence of additional owners by including words such as “Company,” “& Company,” “& Son,” “& Sons,” “& Associates,” “Brothers,” and the like, but not words that merely describe the business or professional service being conducted or rendered;
  - (d) in the case of a limited partnership, any name other than the name stated in its certificate of limited partnership;
  - (e) in the case of a company, any name used by the company;
  - (f) in the case of a corporation, any name other than the name stated in its articles of incorporation or association or comparable document.
1. A sole proprietorship or partnership business that is not incorporated, but is using an assumed name, must file an assumed name certificate with the county in which they are located.
  2. A corporation, limited partnership, or limited liability company doing business under an assumed name must file an assumed name certificate with the Secretary of State, in addition to their county clerk in accordance with Section 36.11 of the Commerce Code.
  3. For purposes of filing with the Secretary of State, the corporation should submit an originally executed assumed name certificate accompanied by the filing fee to:

Secretary of State  
Statutory Filings Division  
Corporation Section  
P.O. Box 13697  
Austin, Texas 78711-3697  
(512) 463-5555  
[www.sos.texas.gov](http://www.sos.texas.gov)