

**EXHIBIT "A" – TRUSTEE/DEPOSITORY STATEMENT**

Annual Report of Prepaid Trust Funds as of December 31, 2022

**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 the statement(s).**

Name of Depository: \_\_\_\_\_

Mailing Address, Line 1: \_\_\_\_\_

Mailing Address, Line 2: \_\_\_\_\_

Account Name: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

**STATEMENT OF BALANCES AS OF DECEMBER 31, 2022. If an itemized listing of accounts is attached, a grand total must be indicated below.**

Type of Accounts	Account Numbers	Total on Deposit – Book (Cost) Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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.

OFFICER OF DEPOSITORY SIGNATURE: \_\_\_\_\_

PRINTED NAME AND TITLE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_