

TRUST-FUNDED PREPAID FUNERAL BENEFITS CONTRACT APPLICATION

REQUIRED EXHIBITS CHECKLIST

- ☐ Check or money order in the amount of \$500.00 made payable to: **TEXAS DEPARTMENT OF BANKING**. Please follow directions on the invoice.
- ☐ Completed questionnaire on pages 1 – 5 of the application. Page 5 of the application is to be signed by an officer of the applicant and notarized.
- ☐ **Exhibit “A”** – Biographical data for each principal owner, partner, or officer with at least a 25% controlling interest of the business. If this is not applicable, please provide an explanation of the ownership structure, an organizational chart, a list of investors, and biographical data for each officer. Additionally, refer to Supervisory Memorandum 1042 regarding the effects of criminal convictions on licensing.
- ☐ **Exhibit “B”** – Printer’s proof of the contract with the Seller’s information pre-printed. Additionally, Section 25.9(c) of the Texas Administrative Code requires a package disclosure to be either on the contract form, on the price list, or provided as an addendum. If the disclosure is not included on your contract form, please provide a copy of the price list or addendum that contains the disclosure. If you plan to use an electronic contract, please contact the Department for additional requirements.
- ☐ **Exhibit “C”** – Trust Agreement, if the funds are to be deposited in a formal trust account. A sample trust agreement is available on the Department’s website if you choose this type of deposit account. (Not applicable to business custodial accounts i.e. savings or CDs.)
- ☐ **Exhibit “D”** – Written investment plan, if the funds are to be deposited in a formal trust account. See Section 154.258 of the Texas Finance Code and Sections 25.51-25.59 of the Texas Administrative Code for investment limitations.
- ☐ **Exhibit “E”** – Financial statements, including the most recent interim balance sheet and income statement, along with the most recent annual balance sheet and income statement. In addition, if deemed necessary, the Department reserves the right to request additional financial information to determine if the applicant has the financial capacity to obtain a permit.
- ☐ **Exhibit “F”** – Proof of Active status with the Texas Comptroller of Public Accounts, if applicable.
- ☐ **Exhibit “G”** – If applicable, an assumed name certificate that has been filed and executed by the County Clerk and/or Secretary of State. Please refer to the Assumed Name Certificate instructions for more information.
- ☐ **Exhibit “H”** – Copy of the corporate charter and articles of incorporation, if applicable.
- ☐ **Exhibit “I”** – Completed agent designation forms (both pages) for each agent. At least one agent must be designated who is responsible for the receipt and remittance of monies collected to the depository, accepting payments, and/or handling funds collected under the prepaid funeral program either at the office of the seller or off premises.
- ☐ **Exhibit “J”** – Authorization for Direct Payment (ACH Debit) form, required per Section 25.23 and 25.24 of the Texas Administrative Code.
- ☐ **Proof of Ownership** of the funeral home or business entity.

INACCURATE OR INCOMPLETE DATA WILL RESULT IN A DELAY IN PROCESSING THE PERMIT APPLICATION. IF THE APPLICATION IS NOT COMPLETED WITHIN 60 DAYS OF THE INITIAL FILING, THE APPLICATION MAY BE CLOSED AND THE FILING FEE SURRENDERED.