

EXHIBIT "A" – TRUSTEE/DEPOSITORY STATEMENT

Annual Report of Prepaid Trust Funds as of December 31, 2021

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, 2021. 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: _____