



7. Business Operated as:

- Sole Proprietorship                      Owner's Name : \_\_\_\_\_ Date Purchased: \_\_\_\_\_
- Partnership                                      Partners' Names: \_\_\_\_\_ Date Purchased: \_\_\_\_\_
- Association/Corporation                      Charter Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Name and percentage of majority owners/stockholders (i.e., own 25% or more of outstanding stock or ownership interest). Attach a separate list of all owners/stockholders owning less than 25% of the stock/ownership interest.

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*\*If the Association/Corporation is owned or controlled by another entity or firm, please explain below.*

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8. Corporate Officers:

	Name	Date Appointed to Office
President	_____	_____
Vice President:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____

9. Describe the type of prepaid funeral benefit services and/or merchandise that your firm will sell or furnish.

10. How does the applicant propose to conduct the business of selling prepaid funeral benefit contracts? (electronic, walk-in, sales force, etc.)?

11. Has the applicant sold any prepaid funeral benefits contracts after September 6, 1955 and prior to this date?

- Yes             No

If yes, how much? Dollar Amount: \$ \_\_\_\_\_ Total Number of PFCs: \_\_\_\_\_

What is the permit number and status of these funds at this time? Permit Number: \_\_\_\_\_

Status: \_\_\_\_\_

12. Give the name and complete mailing address of the depository where the funds will be invested after the issuance of the permit:

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Depository Officer: \_\_\_\_\_

Depository Phone and Fax: \_\_\_\_\_  
Phone Fax

Depository Officer E-mail: \_\_\_\_\_

Is there any ownership or affiliation of any type between the applicant and proposed depository?

Yes  No

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

In what type of account will the funds be held?  business custodial, i.e., CD, MM, or savings  
 formal trust (must include Exhibits C & D)

13. Will anyone other than the full-time employees sell prepaid funeral benefits contracts?  Yes  No  
If yes, what will be his/her relationship to the business?

14. List the names and locations of all funeral homes which will be providing prepaid funeral benefit services and/or merchandise and are a party to the prepaid contract. How are these entities related to the applicant?  
Attach a separate sheet if necessary.

15. Has anyone associated with this organization ever held a permit under Chapter 154 of the Finance Code?  
 Yes  No

If yes, provide the name, address, and permit number of the organization.

16. Has anyone associated with the applicant been singled out for regulatory attention in the past three years?  
 Yes  No

If yes, please explain:

17. Has anyone associated with the applicant been named in any complaints filed in any Federal, State, or Municipal Court?
- Yes       No

If yes, please explain:

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18. Have all written consumer complaints filed against anyone associated with the applicant, if any, been resolved?
- Yes       No

If no, please explain:

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\_\_\_\_\_  
Name of Firm

By: \_\_\_\_\_  
Signature and Title of Applicant's Representative

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS**

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_,  
Name of Applicant's Representative

being duly sworn, deposes and says that he/she signed the foregoing application as \_\_\_\_\_  
Title or Capacity of Representative

of the applicant, having full authority to sign such application in said capacity; that he/she has read said application and that the attached exhibits, and information contained therein is true, that he/she has examined all statements, answers, and representations therein contained and that each of such statements, answers and representations are true; that no material fact in answer to the several questions has been omitted; and that applicant is familiar with and will abide by the provisions of Chapter 154 of the Texas Finance Code.

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public