

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.

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

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:

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

If no, please explain:

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