



BURIAL SERVICES SECTION
DAVY CROCKETT TOWER
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1145
PHONE (615) 741-5062 FAX (615) 532-1903
Website: http://funeral.tn.gov

CALENDAR YEAR: _____

ESTABLISHMENT'S PRENEED FUNERAL FUNDS REPORT
ON IRREVOCABLE AND REVOCABLE CONTRACTS

Note: This report must be completed and received in the office of Burial Services no later than March 15th of each calendar year. Include the following supplemental information with this report: 1) A listing of all contracts written during the year that includes name, contract number, date of contract, items with price and total, 2) A list of all accounts and balances at the end of the year from the trustee or insurance company and 3) A list of all accounts closed during the year. Forms with incomplete data will not be accepted but returned to the establishment.

1. Name of Establishment: _____
2. Address: _____
(Number, Street, P.O. Box, Etc.)

(City) (State) (Zip Code) (Phone Number) (Fax Number)

3. Name and Title of Person in Charge: _____

4. Date of Organization: _____

4a. How is the company organized (Corporation, LLC, Partnership, Sole Proprietorship, etc.)? _____

5. Sales Data:
(a) Number of insurance funded preneed contracts sold this year _____
(b) Number of money funded preneed contracts sold this year _____
(c) Total preneed contracts sold this year? (a + b = c) _____
(d) Total preneed contracts serviced this year (preneeds turned at needs) _____
(e) Total number of at need funeral contracts (calls) this calendar year _____
(f) Listing of all trust balances at year end is attached to this report [] Yes [] No Trust

6. Trust Data:
(a) Beginning Balance (a) \$ _____
(should agree with prior year's ending balance)
(b) Amount received on preneed contracts this year* (b) \$ _____
(c) Amount remitted to trustee(s) this year (c) \$ _____
(d) Current earnings to include undistributed interest, dividends, capital gains and losses (d) \$ _____
(e) Preneed amount distributed by trustee(s) (e) \$ _____
(includes principal plus interest, taxes, fees and refunds)
(f) Ending Balance (sum of a + c - e + d = f) (f) \$ _____

7. Name and address of trustee and/or preneed insurance company: If more than one trustee or preneed insurance company, list all names and addresses on a separate sheet.

State of Tennessee County of _____
I, _____, _____ of _____
(Name) (Title) (Establishment)

do hereby affirm, under penalty of perjury, that all information contained in and submitted with this report is complete, true and accurate.

(SEAL) X _____ Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

My Commission Expires: _____ Notary's Signature: _____