



SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

FUNERAL OR BURIAL FUNDS ACT

Annual Report Forms

GENERAL INSTRUCTIONS

Each licensee's annual report is due 75 days after the end of the licensee's fiscal year. If needed, upon written request to the Comptroller, an additional extension of 60 days will be granted for good cause. A request for the 60 day extension to file the Annual Report shall be emailed to PLACE@illinoiscomptroller.gov, faxed to (312) 814-3464, or mailed, post-marked no later than the due date of the Annual Report. Please be aware that Section 3 of the Illinois Funeral or Burial Funds Act requires the Comptroller to impose upon a licensee a penalty of \$5 per day for the first 15 days past due, \$10 per day for 16 through 30 days past due, \$15 per day for 31 through 45 days past due, and \$20 per day for the 46th day and every day thereafter the licensee remains delinquent in submitting an annual report within the time required. (225 ILCS 45/3). Incomplete or illegible reports may result in the imposition of the penalty. Licensees must submit an original report and a check or money order in the amount of \$10 payable to the "Illinois State Comptroller."

Please send the report to:

**Illinois Office of Comptroller • PLACE Division
P.O. Box 20790
Springfield, Illinois 62708**

If you have any questions, please contact our office at **1-877-203-3401**.

The Illinois Office of Comptroller reserves the right to reject incomplete or illegible reports. To that end, please adhere to the following guidelines when preparing your report:

- Return this form with all pages completed and all inquiries answered. All inapplicable spaces should be marked "N/A".
- Information provided by the licensee must be legible and completed in ink.
- Use of computer-generated printouts to present the financial data required on supporting schedules is acceptable so long as the appropriate totals are reflected on the forms provided by this office. However, please complete in full the page entitled "Annual Statement of Funeral or Burial Trust Funds" provided by this office.
- Provide all year-end investment reports from banks or trust companies, as applicable.
- Please attach as part of this annual report a copy of the annual report prepared by each insurance company issuing insurance policies and/or tax-deferred annuities used to fund pre-need contracts sold by licensee. The report must list all active policies and annuities written after January 1, 1994, and contain the following information for each policy or annuity: (1) the contract date, (2) the name of insured (3) the policy or annuity number, (4) the beginning of the reporting year face amount, (5) increases to the face amount, (6) surrender/death benefits paid, (7) the end of year face amount, (8) the fiscal year premium paid, and (9) the status of the policy (e.g., cancelled, cash surrender, death, extended term, in force, limited death benefit, reduced paid up).
- Forms may be duplicated unless otherwise indicated.

Explanation of Terms

Terms used throughout the Funeral or Burial Funds Act Annual Forms have the meanings indicated below.

- **Beneficiary:** The person specified in the pre-need contract upon whose death funeral services or merchandise shall be provided or delivered.
- **Corporate Fiduciary:** A trust company; the trust department of a bank, savings bank, savings and loan association, a foreign banking corporation issued a certificate of authority pursuant to the Foreign Banking Office Act; or any person that is required to and has received a certificate of authority under the Corporate Fiduciary Act authorizing the exercise of trust powers. A national bank or federally chartered savings and loan association or savings bank which is authorized by the appropriate federal agency to accept and execute trust and which has its principal place of business in this state, whenever in the Corporate Fiduciary Act such construction is necessary so that the national bank or federally chartered savings and loan association or savings bank may enjoy and exercise in this state all of the powers, rights and privileges authorized or permitted to a corporate fiduciary holding a certificate of authority under the Corporate Fiduciary Act. (205 ILCS 620/1-5.05).
- **Corporation:** A statutory entity having authority under law to act as a single person distinct from the shareholders that make it up and having rights to issue stock and exist indefinitely. (805 ILCS 5/1.01, *et seq.*)
- **Custodian:** A depository institution (e.g., a bank) holding funds entrusted to an independent trustee pursuant to the Illinois Funeral or Burial Funds Act.
- **Independent Trustee:** A Corporate Fiduciary, authorized to hold funds in trust under the Illinois Funeral or Burial Funds Act (225 ILCS 45/1 *et seq.*), that has a written agreement with the licensee to hold and administer funeral or burial funds and who must manage this property for the benefit of the consumer pursuant to the Prudent Investor Rule under the Trust and Trustees Act. (760 ILCS 5/1, *et seq.*)
- **Insurance Agent:** Individual licensed from the Department of Insurance to sell life insurance in the State of Illinois.
- **License Number:** A unique number assigned by the Illinois Office of Comptroller to a licensee under the Illinois Funeral or Burial Funds Act.
- **Licensee:** A person issued a license by the Illinois Office of Comptroller pursuant to the Illinois Funeral or Burial Funds Act. (225 ILCS 45/1, *et seq.*)
- **N.A.I.C. Number:** The number assigned to an insurance company by the National Association of Insurance Commissioners.
- **Name of Business:** The name under which a business entity is commonly known.
- **Person:** Any person, partnership, association, corporation, or other entity.
- **Premium:** The amount paid in the reporting year to purchase a pre-need insurance policy or annuity.
- **Pre-Need Contract:** Any agreement or contract, or any series or combinations of agreements or contracts, whether funded by trust deposits or life insurance policies or annuities, which has for a purpose the furnishing or performance of funeral services or the furnishing or delivery of any personal property, merchandise, or services of any nature in connection with the final disposition of a dead human body.

ANNUAL STATEMENT
Illinois Funeral or Burial Funds Act

License Number _____ Fiscal Year End Date _____

Name of Licensee _____ Name of Business _____

Federal Employer Identification Number; if Applicable _____ State of Illinois Tax Identification Number; if Applicable _____

Name of Primary Contact Person _____

Business Location Address _____ City _____ State _____ Zip Code _____ County _____

Mailing Address (if different than above) _____ City _____ State _____ Zip Code _____ County _____

Business Telephone (_____) _____ Fax (_____) _____ E-Mail Address _____

Form of Ownership Association Sole Proprietorship Partnership Corporation
 Other _____

Corporate Parent or Partnership (if applicable) _____

Corporate Contact Person _____ Telephone Number (_____) _____
(Individual responsible for books and records)

Business Address of Corporate Parent _____ City _____ State _____ Zip Code _____

1. Please indicate if you are licensed under either of the following:
 Illinois Cemetery Care Act Illinois Pre-Need Cemetery Sales Act
2. Do you operate a Crematory? Yes No
If yes, list registration number _____
3. Has there been a change in the ownership of the business location under this license number in the last 12 months?
 Yes No If yes, list date of the sale _____
4. Have you changed the form of ownership in the last 12 months? Yes No
Example: from individual ownership to corporate ownership
If yes, list date of change _____ Changed to _____
5. Have you changed the name of the licensee in the last 12 months? Yes No
If yes, list date of change _____ Changed to _____
6. Have you changed from a licensee as trustee or non-corporate fiduciary as trustee to an Independent Trustee in the last 12 months?
 Yes No If yes, complete the "Independent Trustee" section on page 6 and, if you have not done so yet, submit a valid trust agreement with this form.
7. Have you changed Independent Trustee(s) in the last 12 months? Yes No
If yes, how many times? _____
If yes, please complete the "Independent Trustee" section on page 6 and, if you have not done so yet, submit a valid trust agreement with this form.
8. Did you use a prepackaged computer application to generate the financial information necessary to complete this annual report?
 Yes No If yes, what is the name of the application? _____
9. During the last 12 months, have you factored, discounted, or sold to a third-party installment basis pre-need contracts?
 Yes No

FOR OFFICE USE ONLY - ILLINOIS FUNERAL OR BURIAL FUNDS ACT

Internal Code _____/_____/_____ Fee Received () Yes () No Received by _____ Date _____
Postmark Date _____/_____/_____ Check # _____ For \$ _____ Entered in full by _____ Date _____
3rd Party: () IFDA () FDSA () SCI () LGII Verified by _____ Date _____
Other _____

ANNUAL STATEMENT OF FUNERAL OR BURIAL TRUST FUNDS

Instructions: Please provide the following information for each Independent Trustee. If funds are entrusted with more than two Independent Trustees, please attach a separate sheet with a detailed schedule reflecting the total amount of funds held by each Independent Trustee and then complete the "Grand Total" section below.

	Independent Trustee #1	PRINCIPAL (A)	INTEREST (B)	TOTAL (C)
1	Total amount of funds, start of year			
2	Total additions during fiscal year			
3	Subtotal (Add lines 1 and 2)			
4	Total withdrawals during fiscal year			
5	Total amount of funds, end of year			

	Independent Trustee #2 (if applicable)	PRINCIPAL (A)	INTEREST (B)	TOTAL (C)
6	Total amount of funds, start of year			
7	Total additions during fiscal year			
8	Subtotal (Add lines 1 and 2)			
9	Total withdrawals during fiscal year			
10	Total amount of funds, end of year			

	Grand Total — Trust Funds (must complete)	(A)	(B)	(C)
11	Total amount of funds, start of year (Total of lines 1 + 6)	(1A plus 6A)	(1B plus 6B)	(1C plus 6C)
12	Total additions during fiscal year (Total of lines 2+ 7)	(2A plus 7A)	(2B plus 7B)	(2C plus 7C)
13	Total withdrawals during fiscal year (Total of lines 4+ 9)	(4A plus 9A)	(4B plus 9B)	(4C plus 9C)
14	Total amount of funds, end of year (Total of lines 5+ 10)	(5A plus 10A)	(5B plus 10B)	(5C plus 10C)

Insurance/Annuity (Funds)

Beginning of Year Face Amount	End of Year Face Amount	Total Premium Paid During Fiscal Year
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If more than one insurance company is utilized, you must provide a detailed schedule reflecting the total amount of funds for each insurance company.

CUSTODIAN INFORMATION

Instructions: Please provide the following information, if applicable, as it pertains to a depository of the trust funds if other than your Independent Trustee(s).

CURRENT NAME: _____

FORMER NAME (if applicable): _____

STREET, CITY, STATE, ZIP: _____

CONTACT PERSON: _____ TELEPHONE: _____

AMOUNT HELD AS OF DATE OF ANNUAL REPORT \$ _____

CURRENT NAME: _____

FORMER NAME (if applicable): _____

STREET, CITY, STATE, ZIP: _____

CONTACT PERSON: _____ TELEPHONE: _____

AMOUNT HELD AS OF DATE OF ANNUAL REPORT \$ _____

TOTAL OF ALL CUSTODIAN ACCOUNTS \$ _____

INDEPENDENT TRUSTEE INFORMATION

Instructions: Please provide the following information as it pertains to your current Independent Trustee(s) and any other Independent Trustee(s) of the trust funds during your reporting year. If the trustee was changed this reporting year from a licensee or non-corporate fiduciary as trustee to an Independent Trustee, please also provide the following information about the licensee or non-corporate fiduciary that served as trustee.

	<u>Agreement Date</u>	<u>Cancellation Date</u>
NAME _____	_____	_____
ADDRESS _____		
CONTACT PERSON _____ TELEPHONE _____		
TOTAL AMOUNT HELD \$ _____ AT COST		
NAME _____	_____	_____
ADDRESS _____		
CONTACT PERSON _____ TELEPHONE _____		
TOTAL AMOUNT HELD \$ _____ AT COST		
NAME _____	_____	_____
ADDRESS _____		
CONTACT PERSON _____ TELEPHONE _____		
TOTAL AMOUNT HELD \$ _____ AT COST		
TOTAL AMOUNT HELD IN TRUST BY INDEPENDENT TRUSTEE(S) \$ _____		

BOND OR LETTER OF CREDIT INFORMATION

Instructions: Each licensee must maintain a bond with a surety company or an irrevocable, unconditional letter of credit issued by a bank, credit union, or trust company of at least \$1,000. The bond or letter of credit must "run to" or "indemnify" the Comptroller, State of Illinois, and must be secured by an entity authorized to do business in the State of Illinois.

Name of Bond Company or Bank Holding Letter of Credit	Bond or Letter of Credit Number	Expiration Date	\$ _____
			Amount
Business Name of Local Agent or Bank	Name of Local Agent or Bank Trust Officer		Telephone
Business Address of Local Agent or Bank	City	State	Zip
Name of Bond Company or Bank Holding Letter of Credit	Bond or Letter of Credit Number	Expiration Date	\$ _____
			Amount
Business Name of Local Agent or Bank	Name of Local Agent or Bank Trust Officer		Telephone
Business Address of Local Agent or Bank	City	State	Zip
Name of Bond Company or Bank Holding Letter of Credit	Bond or Letter of Credit Number	Expiration Date	\$ _____
			Amount
Business Name of Local Agent or Bank	Name of Local Agent or Bank Trust Officer		Telephone
Business Address of Local Agent or Bank	City	State	Zip

Total amount of bond or letter of credit: \$ _____

OFFICER / STOCKHOLDER / PARTNER / OWNER Funeral Home Information

Instructions: Please provide the following information for all persons who newly assumed the following positions as they relate to the licensee during the reporting year: a corporation officer, a stockholder owning 10% or more stock in the corporation, an owner, a partner, or a funeral home member.

FIRST NAME	MIDDLE NAME	LAST NAME		
BUSINESS ADDRESS	CITY	STATE	ZIP	AREA CODE / TELEPHONE NUMBER
RESIDENT STREET ADDRESS	CITY	STATE	ZIP	AREA CODE / TELEPHONE NUMBER
PRIMARY OCCUPATION or PROFESSION				
Funeral Director/Embalming license number from the Department of Professional Regulation, as applicable.				
Relationship to Funeral Home or Corporation (e.g., Member, Treasurer, Corporate Board of Directors)				

INSURANCE COMPANY INFORMATION

Instructions: List all insurance companies that use your business as a provider of pre-need services or merchandise to be funded by insurance policies or tax-deferred annuities. Include the corporate office of the company, business address, and the person you contact if you have a question. Include the National Association of Insurance Commissioners Number. **NOTE:** All insurance companies must be licensed in the State of Illinois by the Department of Insurance.

BUSINESS NAME

BUSINESS ADDRESS

CONTACT PERSON

TELEPHONE NUMBER

N.A.I.C. NUMBER

FAX NUMBER

BUSINESS NAME

BUSINESS ADDRESS

CONTACT PERSON

TELEPHONE NUMBER

N.A.I.C. NUMBER

FAX NUMBER

DETAILED SCHEDULE OF CONTRACT PAYMENTS RECEIVED BUT NOT YET DEPOSITED TO THE FUNERAL OR BURIAL TRUST FUND BY THE END OF THE REPORTING YEAR

Instructions: List all accounts for which payment was received but not deposited to the Funeral or Burial Trust Fund by the end of your reporting year. Use of additional schedules to present the data required herein is acceptable provided that the appropriate total is reflected on this form.

Date of Contract	Name of Purchaser	Contract Number	Amount Due Trust Fund
TOTAL:			

INDEPENDENT TRUSTEE CERTIFICATION

If licensee has more than one Independent Trustee this form should be copied, completed and notarized for each Independent Trustee.

I, the undersigned _____, Independent Trustee of the investments for (Name of Licensee) _____ as listed on page _____ of this Annual Report as of (date) _____, _____ being first duly sworn, state that: (i) the enclosed information is correct to the best of my knowledge; and, (ii) the Independent Trustee provided herein is a Corporate Fiduciary as defined under the Corporate Fiduciary Act. (205 ILCS 620 *et seq.*)

SIGNATURE

NAME OF BANK or TRUST COMPANY

Subscribed and sworn to before me in _____ County, in the State of Illinois by the said _____ who personally appeared before me in the aforesaid County and State, this _____ day of _____, _____.

NOTARY PUBLIC

—NOTARY SEAL—

My commission expires _____

LICENSEE CERTIFICATION

All licensees must complete this section of the report and have it notarized.

I, the undersigned (owner, officer, partner) _____ of (Name of Licensee) _____ being duly sworn, state that I have examined this Annual Statement for the year ending _____, _____ and that all information included in this statement is correct to the best of my knowledge and fully complies with all provisions of the Illinois Funeral or Burial Funds Act. (225 ILCS 45/1, *et seq.*)

I further understand that violations of provisions of the Illinois Funeral or Burial Funds Act may result in criminal charges and/or civil penalties.

NAME

TITLE

SIGNATURE

DATE

Subscribed and sworn to before me by _____ who personally appeared before me in _____ (county), _____ (state) this _____ day of _____, 20_____

NOTARY PUBLIC

— NOTARY SEAL —

My commission expires _____



SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

LICENSEE Instructions: On this FUNERAL OR BURIAL FUNDS CONFIRMATION you will need to:

- **Complete a separate form for each Corporate Fiduciary/Independent Trustee**
- **Complete your Licensee Information**
- **Sign the Authorized Signature Line**

The LICENSEE must return the signed original of this Confirmation Form to:

**Illinois Office of Comptroller • PLACE
Division P.O. Box 20790
Springfield, IL 62708
Toll Free Hotline: 1-877-203-3401**

Corporate Fiduciary/Independent Trustee Information:

Name of Financial Institution	Street Address	City	State	Zip Code
County	Contact Person	Phone Number	Fax Number	
Name of Licensee	License Number	Authorized Licensee Signature		

To Whom It May Concern:

Pursuant to the provisions of the Illinois Funeral or Burial Funds Act (225 ILCS 45), the undersigned PLACE Division Auditor is conducting an examination of funeral or burial funds as of _____, 20____ (licensee fiscal year end).

To complete this examination, the Illinois Office of Comptroller will need certain statements and other data showing the condition of the trust fund accounts held by this license under the Act. Your prompt return of this inquiry will be appreciated.

By: _____
PLACE Auditor

You are authorized to give this information to the Comptroller.

At the close of business on _____, 20____, our records show that the balances listed reflect the account balances of the above named licensee.

_____	_____	____/____/____
Authorized Financial Institution Contact Signature	Name of Financial Institution	Date

