



STATE OF ILLINOIS
COMPTROLLER

LESLIE GEISSLER MUNGER

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. To be considered, requests for extension must be postmarked no later than the due date of your 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, one copy of the report, and a check or money order in the amount of \$10 payable to the "Comptroller, State of Illinois."

Please send the report to:

**Office of the 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 the 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, <i>et seq.</i>)
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 <i>et seq.</i>), 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, <i>et seq.</i>)
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 Office of the Comptroller to a licensee under the Illinois Funeral or Burial Funds Act.
Licensee	A person issued a license by the Office of the Comptroller pursuant to the Illinois Funeral or Burial Funds Act. (225 ILCS 45/1, <i>et seq.</i>)
N.A.I.C. Number	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 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 <i>(Total of lines 1+6)</i>	(1A plus 6A)	(1B plus 6B)	(1C plus 6C)
12	Total additions during fiscal year <i>(Total of lines 2+7)</i>	(2A plus 7A)	(2B plus 7B)	(2C plus 7C)
13	Total withdrawals during fiscal year <i>(Total of lines 4+9)</i>	(4A plus 9A)	(4B plus 9B)	(4C plus 9C)
14	Total amount of funds, end of year <i>(Total of lines 5+10)</i>	(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

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.

	Agreement Date	Cancellation Date
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

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)

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

My commission expires _____

—NOTARY SEAL—

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 above Act may constitute a Class 4 felony.

NAME TITLE

SIGNATURE DATE

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

My commission expires _____

—NOTARY SEAL—