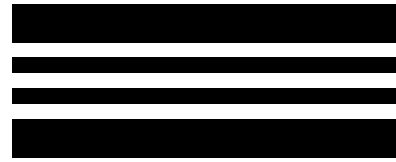




**Prearrangement Funeral
Service Contract
Trust/Insurance Sales
Annual Report**



Report the condition of your trust/insurance sales on the last day of your fiscal year. We must receive your completed report and supporting documents no later than 90 days after the close of each fiscal year.

Submit online with renewal: <https://professions.dol.wa.gov>

Or scan and email to: Funerals@dol.wa.gov

Or mail to: **Funeral and Cemetery Licensing
Department of Licensing
PO Box 9012
Olympia WA 98507-9012**



For questions or language help call: (360) 664-1555

This report is for the fiscal year beginning _____ and ending _____.

Funeral home name		Prearrangement license number
Physical address (Address, City, State, ZIP code)		
Mailing address (Address, City, State, ZIP code)		
Designated funeral director name		
(Area code) Phone number	Email	

Trust sales information

1. Number of prearrangement sales contracts sold this year	_____
2. Contract amount for sales this year	\$ _____
3. Number of prearrangement sales contracts	_____
4. Contract amount for prearrangement contracts	\$ _____
5. Amount received for contracts this year	\$ _____
6. Number of prearrangement sales contracts withdrawn this year (fulfilled and cancelled)	_____

Trust activity

Definitions for this section:
 Deposit in transit: The funds in transit on the last day of the reporting period. This should only be for the last month of your fiscal year.
 Withdrawal in transit: The funds to be withdrawn for cancellations and fulfilled contracts that have not been withdrawn by the last day of your fiscal year (includes principle and interest).
 Earnings: Includes dividends, interest received, rent, or other income (do not include accrued interest not yet received).
 Expenses: Includes trustee fees, management fees, and taxes.
 Adjust for gains/losses: Include only **realized** gains and losses.
 Other adjustments: Provide third party documentation to verify other adjustments.

1. Amount deposited into trust during fiscal year	\$ _____
2. Previous year deposit in transit	\$ _____
3. Deposit in transit for current year	\$ _____

Trust activity *(continued)*

4. Amount withdrawn from trust for deliveries and/or cancellations (include principle and interest)	\$ _____
5. Withdrawals in transit	\$ _____
6. Total earnings	\$ _____
7. Total expenses	\$ _____
8. Adjust for gains/losses	\$ _____
9. Other adjustments (explain)	\$ _____

Trust assets

1. Primary trust depository: Attach depository/investment statements that include all fiscal year activity	
Name of depository _____	
Last four digits of account number _____	
Ending balance	\$ _____
2. Other assets: Attach depository/investment statements that include all fiscal year activity	
a. Asset _____	
Last four digits of account number _____	
Ending balance	\$ _____
b. Asset _____	
Last four digits of account number _____	
Ending balance	\$ _____
c. Asset _____	
Last four digits of account number _____	
Ending balance	\$ _____
d. Asset _____	
Last four digits of account number _____	
Ending balance	\$ _____

Attach additional sheets as necessary.

Insurance sales information

Attach In-Force Detail Reports for all insurance providers

- 1. Number of insurance funded contracts sold **this year** _____
- 2. Number of insurance funded contracts (policies) _____
- 3. Current face amount of **all** insurance policies \$ _____

Ownership/Management

List any changes in officers, directors, managers, or a change of ownership greater than 10%: WAC 308-49-170(3)

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

 Date and place

PRINT or TYPE Name and title
X
 Signature

 Date and place

PRINT or TYPE Name and title
X
 Signature

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.