

**Oregon Department of Consumer and Business  
Services Division of Financial Regulation**

350 Winter St. NE, Room 410, Salem, Oregon 97301-3881  
Mailing address: P.O. Box 14480, Salem, OR 97309-0405  
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dfr.oregon.gov



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**MASTER TRUSTEE ELECTION  
TO PAY ADMINISTRATIVE FEES & EXPENSES  
FROM TRUST FUND DEPOSITS**

**Due date for election:** Jan. 1

**Fee:** None

**Purpose of this form:** Election form for registered master trustees to provide notice to the director that the master trustee either elects or does not elect to pay administrative fees and expenses from earnings on trust fund deposits.

**Failure to file election form or opt out:** The registered master trustee cannot pay administrative fees and expenses from earnings on trust deposits. Line 4 on the Master Trustee Annual Report and Registration Renewal, Form 440-4017, must be marked as \$0.

**Other important dates:** April 1 and July 31

All registered master trustees must complete the Master Trustee Annual Report and Registration Renewal, form 440-4017, due by April 1, to report fund activity for the previous calendar year and to renew their registration for the current year.

For those master trustees who elect to pay administrative fees and expenses, the master trustee shall submit the two percent calculations based on the principal balance of the trust on Jan. 1 and July 1. Use Form 440-4957, due by July 31, to submit to show the maximum 2 percent that may be appropriated for administrative expenses for the reporting year. Information on this report will be used for line 4 on the Master Trustee Annual Report and Registration Renewal, Form 440-4017, due by April 1.

**Governing statutes and rules:** Oregon Revised Statute 97.943(9) and Oregon Administrative Rules Chapter 441 Division 930-0085

**More information:** [dfr.oregon.gov](http://dfr.oregon.gov) See program link to Cemeteries & Preneed.

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**MASTER TRUSTEE ELECTION FORM TO PAY ADMINISTRATIVE  
FEES & EXPENSES FROM TRUST FUND DEPOSITS**  
ORS Chapter 97.943(9); OAR 441-930-0085

**Reporting period:** Jan. 1 to Dec. 31      **For calendar year:** \_\_\_\_\_

**Due date:** Jan. 1      **Fee:** None

Business name: \_\_\_\_\_

ABN (if applicable): \_\_\_\_\_

Business address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business fax: \_\_\_\_\_

Business email: \_\_\_\_\_ Contact name: \_\_\_\_\_

Mailing address, if different from above: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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**Instructions:** Select option 1 or option 2 below. No response indicates an automatic response to option 2.

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**OPTION 1**

The above master trustee has elected **to pay** administrative fees and expenses from earnings on trust fund deposits for the above calendar year.

Master trustee agrees to submit form 440-4957 by July 31, \_\_\_\_\_ to show the maximum 2 percent that may be appropriated for administrative expenses.

Furthermore, master trustee agrees to submit by April 1, \_\_\_\_\_ Master Trustee Annual Report and Registration Renewal Form 440-4017 to report fund activity for the calendar year \_\_\_\_\_ and to pay the registration renewal fee.

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**OPTION 2**

The above master trustee elects to not pay administrative fees and expenses from earnings on trust fund deposits on the above calendar year.

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Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Type or print name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

