



FUNERAL AND CEMETERY CONSUMER PROTECTION TRUST FUND CERTIFIED PROVIDER CONTRACT SALES ANNUAL REPORT

Due date for annual report: Jan. 31

Purpose of the fund: The special income earning fund is held by the State Treasury, separate from the General Fund. The purpose of the fund is to provide restitution to purchasers who have suffered pecuniary loss arising out of prearrangement sales contracts or preconstruction sales contracts. The DCBS director administers the fund and adopts rules governing restitution payments. Payments for restitution shall be made only when the director determines that the obligation is not collectible from the certified provider and orders payments.

Purpose of the report: Every certified provider per Oregon Revised Statute 97.923(2) must file an annual report and pay a \$5 fee for each contract sale. The director of the Department of Consumer and Business Services is responsible for collecting the fee.

Failure to file report or pay fee: An annual report must be submitted even if no contracts are sold. The director may send a notice to the Oregon Mortuary and Cemetery Board, limit certification, suspend certification, revoke certification, assess a civil penalty, or take any other disciplinary proceedings for failure to file a report or pay a fee.

Governing statutes and rules: Oregon Revised Statute 97.945

**INCOMPLETE OR INACCURATE REPORTS WILL BE RETURNED TO
THE CERTIFIED PROVIDER FOR COMPLETION OR CORRECTIONS.**

Questions? 503-378-4140

More information: www.dfr.oregon.gov



FUNERAL AND CEMETERY CONSUMER PROTECTION TRUST FUND
Certified Provider Annual Contract Sale Report (ORS 97.945)

Reporting period: Jan. 1 to Dec. 31 **Due date:** Jan. 31 **For calendar year:** _____

Certification annual fee: Number of contracts X \$5 (See Section II)

Certified provider number (one annual report per certified provider): **CP-** _____

Business name: _____

ABN name (if applicable): _____

Address where business conducted (P.O. Box number not acceptable): _____

City, state, ZIP: _____

Business phone number: _____ Business fax number: _____

Business e-mail: _____ Contact name and title: _____

Mailing address (if different than where business conducted): _____

City, state, ZIP: _____

Instructions:

1. Complete **Section I**, on Page 3.
2. Calculate the total fee due in **Section II**, on Page 3.
3. Attach a list of the contracts sold during the reporting period or indicate no contracts sold. The list *must* be in consecutive contract number order.

No contracts sold

The list *must* include the following information:

- | | |
|---|--|
| a. Name of depository or master trustee | d. Beneficiary's name and purchaser's name |
| b. Contract number | e. Revocable or irrevocable |
| c. Contract date | f. Guaranteed or nonguaranteed |

Social Security numbers are not required, but if included, only show the last four numbers.

4. Provide a list of all contracts that are VOIDS during the reporting period.

Not applicable Applicable (see enclosed list)

5. Provide an explanation for missing contract numbers or numbers used out of sequence.

Not applicable Applicable (see enclosed explanation)

Continued on Page 3

Secure fax for credit card payments:
503-947-2333

If paying by credit card, applicant must sign credit-card information box.

Make check or money order payable to Oregon
Division of Financial Regulation.

Mail application with payment to:
 DCBS — Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Phone: _____
Credit card number	Expiration date	
Name of cardholder as shown on credit card		
Cardholder signature	\$	Amount

Fiscal use only: 61261/1105

Section I: (Trust funded only)

- A. Number of consecutively numbered prearrangement sales contracts _____
- B. Number of consecutively numbered preconstruction sales contracts..... _____
- C. Subtract number of VOIDED prearrangement and/or preconstruction contracts _____
- D. Total number of contracts sold (A + B – C)..... _____

Section II: Funeral and Cemetery Consumer Protection Trust Fund fee (Line D x \$5)..... \$ _____

Signature: _____ Title: _____

Type or print name: _____ Date: _____