

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

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**CERTIFIED PROVIDER PREARRANGEMENT TRUST FUND ANNUAL REPORT
AND CERTIFICATION RENEWAL**

Due date for annual report: April 1

Purpose of the renewal and report:

1. Renew the provider's certification to continue to sell or administer prearrangement or preconstruction sales contracts.
2. Report trust fund activity and information on stored inventory. The annual report must contain any information reasonably considered necessary by the Department of Consumer and Business Services director.

Failure to file report or pay fee: The director may send a notice to the Oregon Mortuary and Cemetery Board, limit certification, suspend certification, revoke certification, or take any other disciplinary proceedings and assess a civil penalty.

Governing statutes and rules: Oregon Revised Statute 97. 923 through 97.949 and Oregon Administrative Rules Chapter 441 Division 930

**INCOMPLETE OR INACCURATE REPORTS WILL BE RETURNED TO THE
CERTIFIED PROVIDER FOR COMPLETION OR CORRECTIONS.
CERTIFICATION WILL NOT BE RENEWED AND
NO CONTRACT SALES CAN BE MADE UNTIL CORRECTED.**

Questions? dfr.mail@oregon.gov
503-378-4140

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**CERTIFIED PROVIDER PREARRANGEMENT TRUST FUND ANNUAL REPORT
 AND CERTIFICATION RENEWAL**

ORS Chapter 97; OAR 441-930

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

Fee: \$390 Certified Provider, \$80 Limited Operations Certified Provider. (See Section G)

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 email: _____ Contact name and title: _____

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

City, state, ZIP: _____

1. Number of unfulfilled contracts in reporting year.....	_____
2. Number of contracts sold for the reporting year.....	_____
3. Beginning balance of trust on Jan. 1 (ending market value of previous report).....	\$ _____
4. Deposits made in reporting year.....	\$ _____
5. Interest/dividends/gains/losses	\$ _____
6. Trustee, accounting, depository, and investment fees	\$ (_____)
7. Taxes paid for the benefit of contract beneficiaries	\$ (_____)
8. Withdrawals.....	\$ (_____)
9. Ending balance on Dec. 31 reporting year (market value)	\$ _____

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You must provide the following information with your annual report or check not applicable where indicated.

A. Trust fund summary. Include the name and branch of each depository, master trustee, or both, and the total amount of trust funds deposited in each.

Depository and/or Master Trustee	Total trust funds
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. Statement detail of prearrangement plan trust fund ending balances. Each depository and master trustee must have its own statement, listing individual account balances that must balance to the trust fund ending balance line 9 on page 2. The statement must be in beneficiary alphabetical order. The statement **must include** the following information:

- a. Beneficiary and purchaser name
- b. Contract number
- c. Contract date
- d. Contract amount
- e. Guaranteed or nonguaranteed
- f. Irrevocable or revocable
- g. Beginning and year-end balance
- h. Date of any withdrawal within the reporting period and the reason

Social Security numbers are **not** required; if you include them, only show the last four numbers.

C. Funeral/cemetery merchandise delivered inventory list. This includes, but is not limited to, burial vaults, markers, memorials, caskets, urns, vases, and name/plate lettering. The list must include purchaser name, beneficiary name, merchandise description, merchandise location address, and serial number or warehouse receipt number.

Not applicable Applicable (see enclosed)

D. For endowment care cemeteries that are trusting less than 90 percent, please provide a list of surety bonds in force as per Oregon Revised Statute 97.929. If trusting more than 90 percent, indicate not applicable.

- Not applicable – currently trusting: _____ %
- Applicable because – currently trusting: _____ %

Bond company	Bond amount	Purpose
_____	\$ _____	_____
_____	\$ _____	_____

- E. **Required per OAR 441-930-0210(2)(e).** Provide print-out verification showing that your business and ABN/DBA registration with the Corporate Division of the Oregon Secretary of State is active and the information is correct. Renewal applications missing this required information will be delayed.
- F. **Certification annual fee.** Your fee is determined by your activities as a certified provider.
 - a. **Certified Provider – \$390**
 - b. **Limited Operations Certified Provider – \$80**
 - i. Administering 10 or fewer prearrangements or preconstruction sales contracts – Line 1 is 10 or less; and
 - ii. The total dollar value of those contracts are \$20,000 or less – Line 9 is \$20,000 or less.

Payment and invoice coupon *must* accompany this report.

Signature: _____ Title: _____

Type or print name: _____ Date: _____

Enclosed required current proof of registration with the Oregon Secretary of State.