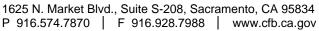


BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY · GAVIN NEWSOM, GOVERNOR

CEMETERY AND FUNERAL BUREAU





APPLICATION FOR CONVERSION OF ENDOWMENT CARE FUND TO UNITRUST DISTRIBUTION METHOD

Licensed cemeteries seeking to convert their endowment care fund (ECF) distribution method from Net Income to Unitrust must submit this application, along with all required documents directly to the Bureau at the address above.

SECTION A: CEMETERY INFORMAT	ION					
Name of Corporate, Limited Liability Company (LLC), Association, or Individual owner					License Number COA	
Name of Cemetery					Year Established	
Address of Cemetery	City			State CA	Zip Code	
Mailing Address (if different from above	e)	City		State	Zip Code	
Telephone Number						
Contact Name (First, Last)		Phone Number	Email address			
A. Size of non-endowment section	☐ Not	applicable	Acres:	Spaces:		
B. Size of endowment section: 1. Property remaining to be sold 2. Property sold, including preneed	sales		Acres: Acres:			
C. Size of undeveloped section			Acres:	Spaces	: (if known)	
SECTION B: TRUSTEE INFORMATION All Trustees are required to submit a Certification Affidavit (Form 16-CA) with this application as required by Title 16, California Code of Regulations, section 2326.3.						
Enter information below for corporate trustee (i.e. bank or trust company):						
Department of Financial Protection and Innovation (DFP) license number, or Office of the Comptrollers of the Currency (OCC) charter and certificate number.						
License, Charter or Certificate type: Number(s):						
Name of Financial Institution	Designated Age Financial Institu		Phone Number		Email address	
Address		City		State	Zip Code	
For individual trustees, identify the trustees below (no fewer than three):						
Last Name	First Name		Phone Number		Email address	

23-ECFC (New 01/21) Page 1 of 3

Last Name	First Name	Phone Number	Email address			
Last Name	First Name	Phone Number	Email address			
Attach a separate page for additional trustees						
SECTION C: INDIVIDUAL ECF TRUSTEE(S) MUST MEET THE FOLLOWING REQUIREMENTS:						
 Possess a total of twenty (20) college finance, or actuarial science from an and Universities, or any nationally re units shall be provided by sending of Funeral Bureau at 1625 North Market 	educational institution(s) the ecognized accrediting body fficial transcripts directly from	nat is recognized by the Western As of colleges and universities. Docum om the educational institution(s) to the	ssociation of Colleges nentation for these			
Possess two (2) years of experience investing and managing an endowment care fund under the unitrust distribution method;						
	OR					
The trustee holds a Certified Public Accountant (CPA), Fiduciary, or other license which would demonstrate fitness to perform the duties of a trustee, provide the following information:						
Issuing agency		License Number				
 Committed no acts or crimes constituting grounds for denial of a license under Section 480 of the Business and Professions Code. 						
3. Have included with this application a copy of a Request for Live Scan Service (Form BCIA 8016) verifying that fingerprints have been scanned and all applicable fees have been paid. (Bus. & Prof. Code, § 144.)						
SECTION D: ENDOWMENT CARE FUND INFORMATION						
Date ECF established:						
Requested total annual unitrust distribution percentage%						
Expected annual deposits into the unitr	ust Reserve for Maintenan	ce \$				
Current value of Reserve for Future Maintenance \$						
Proposed income distributions: (Check one)						
SECTION E: LONG-TERM PROJECTIONS FOR THE ENDOWMENT CARE FUND						
What is the total projected value of the economic life? \$		essary to maintain the cemetery at t	he end of its			
Itemize Projected Annual Expenses		1				
Personnel costs (i.e. salaries, wages, b Building and equipment maintenance (i	, ,	\$ \$	_			
Overhead (i.e. utilities, taxes, rent)		\$				
Other (please identify); include investm		\$				
Total						
Projected annual rate of return for endo		(%)				
SECTION F: REQUIRED ATTACHMENTS						
In order to complete your application ar	nd to expedite our review, t	he following documents shall accon	npany the application:			

23-ECFC (New 01/21) Page 2 of 3

• ECF Trust Agreement

- ECF Investment Objectives ECF Deposit Rates for all categories Cemetery Maintentance Standards

SECTION G: CERTIFIED TRUE STATEMENT					
I hereby certify, under penalty of perjury, under penalty of penalty of perjury, under penalty of		e of California, that all statements, answers, and ete, and accurate.			
Cemetery Manager Signature	Print Name	Date			
President or Vice President Signature	Print Name	Date			
Trustee Signature	Print Name	Date			
Trustee Signature	Print Name	Date			
Trustee Signature	Print Name	Date			
Attach a separate page for additional tru	stees				
	encing with Section 16000), th	nderstand the role of a trustee that manages a cemetery's endowment e Business and Professions Code (commencing with section 7611),			

23-ECFC (New 01/21) Page 3 of 3