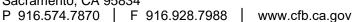


BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

CEMETERY AND FUNERAL BUREAU 1625 N. Market Blvd., Suite S-208 Sacramento, CA 95834





APPLICATION FOR ENDOWMENT CARE FUND CONVERSION

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

SECTION A: CEMETERY INFORMATION									
Name of Corporation or Limited Liability Company (LLC)					License Number - COA				
Name of Cemetery					Year Established				
Address of Cemetery City		City		State CA	Zip Code				
Telephone Number									
Contact Name (First Last)			Phone Number	Email address					
Size of non-endowment section Not applicable			Spaces:	Acres:					
Size of cemetery (developed and undeveloped)			Spaces:	Acres:					
Property remaining to be sold			Spaces: Acres:						
Developed Cemetery Property: Total sold for interment (including preneed) Of the total sold, how many contributed to			Spaces: Acres:						
the ECF			Spaces: Acres:						
SECTION B: TRUSTEE INFORMATION									
If a bank or trust company is the sole trustee fill in below:									
Last Name	First Name		Phone Number	Email ad	Email address				
Address City State Zip Code									
For a board, identify the trustee who holds a valid license/registration:									
Last Name	lame First Name		Phone Number	Email address					
Check One:									
☐Professional Fiduciary ☐Certified Public Accountant ☐Certified Investment Advisor ☐Attorney									
License/Registration number State									

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SECTION C: ENDOWMENT CARE F	UND INFORM	IATION					
ECF established:	Date:						
Requested total annual unitrust amount	nt:		_% (percent)				
Current ECF deposit rate	\$		-				
Current value of maintenance reserve Expected annual deposits into the			- -				
Proposed income distributions: (Check one) Monthly Quarterly Semiannually Annually							
SECTION D: LONG-TERM PROJECTIONS FOR THE ENDOWMENT CARE FUND							
What is the total projected amount ned	cessary to mair	ntain the ce	metery at the end of its economic life	?			
Itemize Projected Expenses Below							
Personnel costs (i.e. salaries, wages,	benefits)	\$					
Building and equipment maintenance (repair/replace/maintain)		\$					
Overhead (i.e. utilities, taxes, rent)		\$					
Other (please identify)		\$					
,							
SECTION E: REQUIRED ATTACHM	ENTS						
In order to complete your application,		ocuments s	shall accompany the application:				
SECTION F: CERTIFIED TRUE STA							
I hereby certify, under penalty of perju answers and representations on this fo	ry, under all lav						
Cemetery Manager Signature Pr	int Name		Date				
Corporation Designee Signature P	rint Name		Date				
Trustee Signature Pr	Print Name		Date				
Trustee Signature Pr	Print Name		Date				
Trustee Signature Pr	Print Name		Date				
Attach a separate page for additional trustee	es						

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