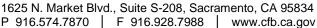


BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

CEMETERY AND FUNERAL BUREAU





UNITRUST CONVERSION APPLICATION

A cemetery authority, its board of trustees or its corporate trustee seeking to convert its endowment care fund (ECF) from a net income distribution method to a unitrust distribution method must submit this signed application to the Bureau, along with all the documents required by Section 2334 of Title 16 of the California Code of Regulations by email scanned and sent to unitrust@cfb.ca.gov or by mail to the physical address listed above.

Please note: Applicants for conversion to a unitrust distribution method must have submitted all annual reports pursuant to Section 7612.6 of the Business and Professions Code in the preceding five (5) consecutive years to qualify for conversion. Applicants who fail to meet this requirement will be denied.

Section 8726.2 of the Health and Safety Code is attached to the application for reference.

SECTION A: APPLICANT AND CE	METERY INFORMA	NOITA			
Name(s) and Title(s) of Applicant(s)				
Applicant Type (select one)					
	Doord of Truck		Cornera	to Tructoo	
Cemetery Authority	∐Board of Trust	ees	☐Corpora	te Trustee	
Name of Cemetery				COA Lic	ense Number
Address of Comptony		City		State	Zip Code
Address of Cemetery		City		State	Zip Code
Mailing Address (Address of Record) (provide if different from above)		City		State	Zip Code
Telephone Number					
Deign and Constant Name (First Local)			Dhana Niveshan	F	Idana (antional)
Primary Contact Name (First, Last)			Phone Number	Email address (optional)	
SECTION B: CORPORATE TRUS	TEE INFORMATION	l, IF AP	PLICABLE		
Enter information below for corpora	te trustee (i.e. bank	or trust	company): If not applic	able, skip to	Section C
Department of Financial Protection (OCC) charter and certificate number		PI) licen	se number, or Office of	the Comptro	ller of the Currency
License, Charter or Certificate type:			Number:		
Name of Financial Institution	Designated Agent 1 Financial Institution	Designated Agent for Phone Number Email address (optional) Financial Institution			
Address		City	,	State	Zip Code

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Enter information below for the	individual trustee(s) or de	signee responsible for ma	naging the endowment care fund who		
meet the below knowledge and		signee responsible for ma	maging the chaowinent care fand who		
Last Name	First Name	Phone Number	Email address (optional)		
Check all that apply:					
the following academic a university, or other institu United States Departmer	reas: accounting, auditing tion of higher learning acout of Education. Documen	, finance, economics, or a credited by an association tation for these units shall	ent in quarter units, in one or more of actuarial science from a college, recognized by the Secretary of the be provided by sending copies of @cfb.ca.gov or via mail to the Bureau's		
		OR			
			A) or Registered Investment Advisor States. I am providing the following		
Type of License or Regi	istration				
Issuing Agency	cyLicense/Registration Number				
		AND			
			years immediately prior to filing this nitrust distribution method?		
SECTION D: REQUIRED ATT	ACHMENTS				
	le 16 of the California Confor why the document(s	ode of Regulations (see a	the documents and information attached). If all documents are not applicable, the date when the		
SECTION E: CERTIFIED TRUI	E STATEMENT				
Please select the appropriate se	ection title below and prov	ide each person's full lega	al name, sign and date where indicated		
	d all attachments, are true		hat all statements, answers, and , and that I am authorized to complete		
☐ 1. Cemetery Authority: Aut	horized Representative	for Corporation or Mana	aging Member for LLC:		
President Signature	Print Nam	e	Date		
Vice President Signature	Print Nam	e	Date		

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Trustee Signature	Print Name	Date	
Trustee Signature	Print Name	Date	
Trustee Signature	Print Name	Date	
] 3. Corporate Trustees			
Trustee Signature	Print Name	 Date	

INFORMATION COLLECTION AND ACCESS Except for the email address, the information requested herein is mandatory and is maintained by the Cemetery and Funeral Bureau (Bureau) 1625 North Market Blvd., Suite S208 Sacramento, CA 95834, (916) 574-7870, in accordance with Business and Professions Code (BPC) sections 7600 et seq. The Bureau collects the personal information requested on this form as authorized by BPC sections 27, and 8726.2, and Title 16, California Code of Regulations, sections 2334, 2334.2, and 2334.3. The Bureau uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation, including laws and regulations governing income distribution for endowment care funds.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Bureau makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Failure to provide all of the information required by this application may result in your application being returned to you as incomplete.

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