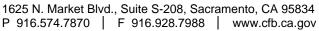


BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY · GAVIN NEWSOM, GOVERNOR

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 | |

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| 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: | | | |

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• 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), | | | |

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