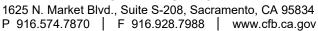


BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

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 Co	ompany (LLC), As	sociation, o	r Individual owner	License COA	Number
Name of Cemetery				Year Est	ablished
Address of Cemetery		City		State CA	Zip Code
Mailing Address (if different from above	e)	City		State	Zip Code
Telephone Number	1			1	
Contact Name (First, Last)			Phone Number	Email ad	dress
A. Size of non-endowment section	——————————————————————————————————————	applicable	Acres:	Spaces:	
AB. Size of endowment section: 1. Property remaining to be sold 2. Property sold, including preneed	sales		Acres: Acres:	Spaces:	:
BE. Size of undeveloped section SECTION B: TRUSTEE INFORMATIC All trustees are required to submit a Enter information below for corporate t Department of Financial Protection and (OCC) charter and certificate number. License, Charter or Certificate type:	Certification Aff rustee (i.e. bank o	or trust comp I) license nu	m 16-CA) with this a pany): umber, or Office of th	application	llers of the Currency
SECTION B: TRUSTEE INFORMATION All trustees are required to submit an Enter information below for corporate to Department of Financial Protection and (OCC) charter and certificate number.	Certification Aff rustee (i.e. bank o	nt trust comp I) license no nt for	m 16-CA) with this a pany): umber, or Office of th	application	llers of the Currency
SECTION B: TRUSTEE INFORMATION All trustees are required to submit an Enter information below for corporate to Department of Financial Protection and (OCC) charter and certificate number. License, Charter or Certificate type:	Certification Aff rustee (i.e. bank of d Innovation (DFP) Designated Age	nt trust comp I) license no nt for	m 16-CA) with this a pany): umber, or Office of the Number(s):	application	llers of the Currency
SECTION B: TRUSTEE INFORMATION All trustees are required to submit at a Enter information below for corporate to the Department of Financial Protection and (OCC) charter and certificate number. License, Charter or Certificate type: Name of Financial Institution	Certification Aff rustee (i.e. bank of Innovation (DFP) Designated Age Financial Institut	nt for tity	m 16-CA) with this a pany): umber, or Office of the Number(s): Phone Number	application	llers of the Currency Email address
SECTION B: TRUSTEE INFORMATIO All trustees are required to submit a Enter information below for corporate t Department of Financial Protection and (OCC) charter and certificate number. License, Charter or Certificate type: Name of Financial Institution Address	Certification Aff rustee (i.e. bank of Innovation (DFP) Designated Age Financial Institut	nt for tity	m 16-CA) with this a pany): umber, or Office of the Number(s): Phone Number	application	llers of the Currency Email address

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Last Name	First Name	Phone Number	Email address
Attach a separate page for additional	trustees		
SECTION C: INDIVIDUAL ECF TRUS	TEE(S) MUST MEET THE FO	DLLOWING 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) that ecognized accrediting body of fficial transcripts directly from	t is recognized by the Western Ass colleges and universities. Docum the educational institution(s) to th	sociation of Colleges entation for these
Possess two (2) years of experience distribution method;	and <u>OR</u> investing and managing an ∙	endowment care fund under the u	nitrust
The trustee holds a Certified Public a perform the duties of a trustee, prov		or other license which would dem	onstrate fitness to
<u>License Name</u>		<u>License Number</u>	
Issuing agency		License Number	
	and		
Possess two (2) years of experience distribution method;	investing and managing an	endowment care fund under the u	<u>nitrust</u>
Committed no acts or crimes constitution Professions Code.	uting grounds for denial of a li	icense under Section 480 of the B	usiness and
Have included with this application a fingerprints have been scanned and			
SECTION D: ENDOWMENT CARE FU	UND INFORMATION		
Date ECF established:			
Requested Anticipated total annual unit	trust distribution percentage	%	
Expected <u>year one</u> annual deposite into	o the unitrust Reserve for Mai	ntenance \$	
Current value of Reserve for Future Ma Current value of Reserve for Principal L Total combined Reserves before conve	Losses \$	% % 100%	
Proposed income distributions: (Check	one)	Quarterly Semiannually	Annually
SECTION E: LONG-TERM PROJECT	TIONS FOR THE ENDOWME	NT CARE FUND	
What is the total projected value of the economic life? \$	endowment care fund necess	sary to maintain the cemetery at th	ne end of its
Itemize Projected Annual Expenses			
Personnel costs (i.e. salaries, wages, b			
Building and equipment maintenance (
Overhead (i.e. utilities, taxes, rent) Other (please identify); include investm	ent adviser fees \$		
Total	\$		
Projected annual rate of return for endo)	

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SECTION F: REQUIRED ATTACHMENTS

In order to complete your application and to expedite our review, the following documents shall accompany the application:

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

Cemetery Manager President Signature	e Print Name	 Date	
President er Vice President Signature	Print Name	Date	
are fund as outlined in the Probate Code (comm nd the Health and Safety Code (commencing wi rustee Signature		Business and Professions Code (commencing win	th section 7611),
nd the Health and Safety Code (commencing w	ith section 8700).		th section 7611),

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