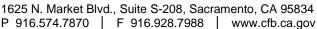


BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

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	ATION				
Name(s) and Title(s) of Applicant(s)					
Applicant Time (colort and)						
Applicant Type (select one)						
Cemetery Authority	☐Board of Trust	tees	☐Corpora	te Tru	ustee	
Name of Cemetery					COA Lice	nse Number
		1				
Address of Cemetery		City			State	Zip Code
Mailing Address (Address of Record different from above)	d) (provide if City			State	Zip Code	
Telephone Number						
Primary Contact Name (First, Last)			Phone Number	Email address (optional)		
SECTION B: CORPORATE TRUST	EE INFORMATION	I, IF AP	PLICABLE			
Enter information below for corpora	e trustee (i.e. bank	or trust	company): If not applic	able,	, skip to Se	ection C
Department of Financial Protection (OCC) charter and certificate number		PI) licen	se number, or Office of	f the	Comptrolle	er of the Currency
License, Charter or Certificate type:			Number:			
Name of Financial Institution	Designated Agent f Financial Institution		Phone Number	Ema	ail address	s (optional)
Address		City			State	Zip Code

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SECTION C: INDIVIDUAL TRUSTE	EE(S) OR DESIGNEE OF A	CEMETERY AUTHO	RITY
Enter information below for the indiv meet the below knowledge and exp		e responsible for mana	ging the endowment care fund who
Last Name	First Name	Phone Number	Email address (optional)
Check all that apply:			
the following academic areas university, or other institution United States Department of	s: accounting, auditing, finar of higher learning accredite Education. Documentation	nce, economics, or acti ed by an association re for these units shall be	in quarter units, in one or more of uarial science from a college, ecognized by the Secretary of the provided by sending copies of cfb.ca.gov or via mail to the Bureau's
	0	R	
			or Registered Investment Advisor ates. I am providing the following
Type of License or Registra			
Issuing Agency		License/Registration	on Number
	AND)	
 Do you possess at least two application in investing and r YES NO 			ars immediately prior to filing this ust distribution method?
SECTION D: REQUIRED ATTACH	IMENTS		
In order to complete your application required by Section 2334 of Title 1 available, provide an explanation for document(s) are expected to become	6 of the California Code of r why the document(s) are r	Regulations (see atta	ached). If all documents are not
SECTION E: CERTIFIED TRUE ST	TATEMENT		
Please select the appropriate section below.	on title below and provide ea	ach person's full legal r	name, sign and date where indicated
I hereby certify, under penalty of pe representations on this form, and al this form on behalf of the cemetery	I attachments, are true, com		
☐ 1. Cemetery Authority: Author	ized Representative for Co	orporation or Managi	ng Member for LLC:
President Signature	Print Name		Date
Vice President Signature	Print Name		Date
Managing Member or Authorized	Signer of the LLC/Print Nar	me C	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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