

REQUIRED FORMS CHECKLIST

The following exhibits are attached and made a part of this application for a permit to sell prepaid funeral benefit contracts.

- [] Check or money order for \$500.00 made payable to: **TEXAS DEPARTMENT OF BANKING**. Please follow directions on the enclosed invoice.
- [] Completed questionnaire on pages 1 - 3 of the application. Page 4 of the application is to be signed by an officer of the permit holder. The signature must be notarized.
- [] **Exhibit "A"** - Biographical data for each principal owner, partner, or officer, with at least a 25% controlling interest of the business.
- [] **Exhibit "B"** - Printer's proof of the contract with the Seller's information pre-printed.
- [] **Exhibit "C"** - Trust Agreement, if the funds are to be deposited in a formal trust account. Contact the Department for a sample document, if you choose this type of deposit account. Not applicable to business custodial accounts, i.e., savings or CD.
- [] **Exhibit "D"** - Written investment plan, if the funds are to be deposited in a formal trust account. See Section 154.258 of the Texas Finance Code and Sections 25.51–25.59 of the Texas Administrative Code for investment limitations.
- [] **Exhibit "E"** - Financial statements, including a balance sheet and income statement, dated as of the last day of the applicant's fiscal year that ended in the immediately preceding calendar year that reflect the financial condition of the applicant. In addition, if deemed necessary, the Department reserves the right to request additional financial information to determine if the applicant has the financial capacity to obtain a permit.
- [] **Exhibit "F"** - Certificate of Account Status (corporations only).
- [] **Exhibit "G"** - If applicable, an assumed name certificate that has been filed and executed by the Secretary of State and/or County Clerk. Please refer to the Assumed Name Certificate instructions enclosed for more information.
- [] **Exhibit "H"** - Copy of the corporate charter and articles of incorporation, if applicable.
- [] **Exhibit "I"** - Completed agent designation forms (front and back) for each agent. At least one agent must be designated who is responsible for the receipt and remittance of monies collected to the depository, accepting payments, and/or handling funds collected under the prepaid funeral program either at the office of the seller or off premises.
- [] **Exhibit "J"** - Authorization for Direct Payment (ACH Debit) form, required per Section 25.23 and 25.24 of the Texas Administrative Code.

INACCURATE OR INCOMPLETE DATA WILL RESULT IN A DELAY IN PROCESSING THE PERMIT APPLICATION. IF THE APPLICATION IS NOT COMPLETED WITHIN 60 DAYS OF THE INITIAL FILING, THE APPLICATION MAY BE CLOSED AND THE FILING FEE SURRENDERED.



Charles G. Cooper
Commissioner

TEXAS DEPARTMENT OF BANKING

2601 North Lamar Blvd., Austin, Texas 78705
512-475-1300 /877-276-5554
www.dob.texas.gov

Trust-Funded Prepaid Funeral Contract Application Fee

The application fee, as set forth in Title 7, Section 25.23(b)(1), Texas Administrative Code, is \$500.00. Please remit this amount, payable to the Texas Department of Banking, and mail it along with the application to:

**Texas Department of Banking
2601 North Lamar Blvd.
Austin, TX 78705**

If you have any questions, contact the Special Audits Administrator at 512-475-1285.

Amount Due \$500.00

Please Pay From This Statement

Detach and return bottom portion with your payment.

**Remittance Advice
PFC APPLICATION FEE**

Applicant Name:

Please . . .

remit with completed application

Account Number	New Application	PCA	40070
Fund	2971	Agency Object	3790
Payment Codes	5440	Amount Enclosed	\$500.00

TEXAS DEPARTMENT OF BANKING
PREPAID FUNERAL BENEFIT CONTRACT APPLICATION
TRUST-FUNDED FORM

(Pursuant to the provisions of Chapter 154 of the Texas Finance Code
and the rules and regulations of the Department of Banking)

1. Name of Firm or Corporation: _____

"Doing Business As" Name: _____

2. Location:

(a) Domicile Address: _____
Street Address (Area Code) Phone Number

City County State Zip

(b) Mailing Address: _____
Street Address

City County State Zip

(c) Records / Exam Location: _____
Company Name (if third-party administrator) (Area Code) Phone Number

Street Address

City County State Zip

3. Contact person / Telephone / E-mail address: _____
(Name) (Phone Number) (E-Mail)

4. Customer Service / Fax Numbers for Contract Holders: _____

5. Business Operated As (Check One):

Individual/Sole Proprietor: _____ Date Purchased: _____

Owner's Name: _____

Partnership: _____ Date Purchased: _____

Owners' Names: _____

Association/Corporation Charter Number: _____ Date Filed: _____

Name and percentage of majority stockholder(s), (i.e., own 25% or more of outstanding stock)

**If the Association/Corporation is owned or controlled by any other entity or firm, please explain below:*

TEXAS DEPARTMENT OF BANKING

Corporation Information:

NAME

**DATE APPOINTED
TO OFFICE**

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

6. Describe the type of prepaid funeral benefit services and/or merchandise that your firm will sell or furnish.

7. How does the applicant propose to conduct the business of selling prepaid funeral benefit contracts (walk in, sales force, etc...)?

8. Has the applicant sold any prepaid funeral benefit contracts after September 6, 1955, and prior to this date?

YES / NO

If yes, how much? \$ _____. What is the permit number and status of these funds at this time?

11. Give the name and complete mailing address and phone number of the depository where the funds will be invested after the issuance of the permit.

Phone Number

(a) Provide the name of the depository officer handling this account: _____

(b) Is there any ownership or affiliation of any type between applicant and proposed depository? Yes / No

If yes, please explain. _____

(c) In what type of account will the funds be held? [] business custodial, i.e., savings or CD

[] formal trust, see Exhibits C & D

TEXAS DEPARTMENT OF BANKING

12. Will anyone other than the full-time employees of the permit holder sell prepaid funeral benefit contracts?
YES / NO

If yes, what will be his/her relationship to the business? _____

13. List the name and location of all funeral homes which will be providing prepaid funeral benefit services and/or merchandise and are a party to the prepaid contract. How are these entities related to the applicant? Attach a separate sheet if necessary.

14. Has anyone associated with this organization ever held a permit under Chapter 154 of the Finance Code?
YES / NO

If yes, provide the name, address, and permit number of the organization.

15. Has anyone associated with the applicant been singled out for regulatory attention in the past three years?
YES / NO

If yes, please explain. _____

17. Has anyone associated with the applicant been named in any complaints filed in any Federal, State or Municipal Court?
YES / NO

If yes, please explain. _____

18. Has all written consumer complaints filed against anyone associated with the applicant, if any, been resolved?
YES / NO

If yes, please explain. _____

TEXAS DEPARTMENT OF BANKING

Name of Firm

By:

Signature and Title of Applicant's Representative

STATE OF _____

COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS

BEFORE ME, the undersigned authority, on this day personally appeared _____,
Name of Applicant's Representative

being duly sworn, deposes and says that he/she signed the foregoing application as _____
Title or Capacity of Representative

of the applicant, having full authority to sign such application in said capacity; that he/she has read said application and that the attached exhibits, and information contained therein is true, that he/she has examined all statements, answers and representations therein contained and that each of such statements, answers and representations are true; that no material fact in answer to the several questions has been omitted; and that applicant is familiar with and will abide by the provisions of Chapter 154 of the Texas Finance Code.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

(SEAL)

(Signature of Notary Public)

TEXAS DEPARTMENT OF BANKING
BIOGRAPHICAL DATA
EXHIBIT "A"

All Biographical Data forms must be printed or typed. Questions must be answered completely and may not be left blank. If an answer is "no," "none," or "not applicable," so state. If an item of information is unknown to you, so state. To the extent possible, questions should be answered in the spaces provided; additional pages may be inserted, if necessary. Information on insert pages should be identified by individual name, number, and letter to appropriate question.

(This form is to be completed by each principal owner, partner, or officer, with at least a 25% controlling interest of the business)

1. Name: Self _____

Spouse _____
(Include Maiden Name if applicable)

2. Home Address: _____
P.O. BOX/STREET ADDRESS

CITY/STATE/ZIP

(a) If less than three years at
above stated address give previous: _____
P.O. BOX/STREET ADDRESS

CITY/STATE/ZIP

3. Date of Birth: _____
MO/DY/YR

4. Place of Birth: _____
CITY/STATE/COUNTRY

5. Social Security Number: _____

6. Citizenship: _____

7. Employment:
(a) Provide the following information in chronological order regarding your employment, self-employment, or period of unemployment **during the past five (5) years**. Use additional sheets to provide the information for each employer.

Name of Employer: _____

Complete Mailing Address: _____
P.O. BOX/STREET ADDRESS

CITY/STATE/ZIP

Name and Title of Supervisor: _____

Description of Business: _____

Dates Employed: _____
FROM/TO

Reason for Leaving:

Title and Job Description:

8. Financial Information. **Necessary only for applicants who are sole proprietors or partnerships:** (Each financial institution must be listed separately, if more space is needed use additional sheets)

Financial Institution:

NAME

P.O. BOX/STREET ADDRESS

CITY/STATE/ZIP

Type Account:

Account Numbers

Checking Account _____

Savings Account _____

Certificate of Deposit _____

Business Account _____

Credit References:

Account Numbers

Visa _____

Master Card _____

Auto Loan _____

Mortgage _____

Other _____

9. List below information regarding each professional license or similar certificate you now hold or have held. (Examples: Licensed Funeral Director, Insurance Agent, Attorney, CPA, Teaching Certificate, etc...)

<u>LICENSE TYPE/NUMBER</u>	<u>ISSUED BY</u>	<u>DATE ISSUED</u>	<u>AMOUNT OF TIME DEVOTED TO THIS ACTIVITY</u>	<u>EXPIRATION DATE OR DATE REVOKED AND REASON</u>

10. Have you ever been discharged or asked to resign from employment? YES / NO
 If yes, give general description. _____

11. Have you ever been charged or convicted by Federal, State, or any other law enforcement authorities for any violation of any Federal, State, County, or Municipal law, regulation, or ordinance? YES / NO
 If yes, describe. _____

12. Have you ever been in any military service? YES / NO
 If yes, give dates and branch of services. _____

Type of discharge. _____

13. Discuss the role you will have in organizing or operating the organization applying for the prepaid permit.

TEXAS DEPARTMENT OF BANKING

I hereby certify under the penalty of perjury I am acting on my own behalf, and the foregoing statements contained in the biographical data report are true and correct.

(Signature of Applicant)

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

(SEAL)

(Signature of Notary Public)

AUTHORITY FOR RELEASE OF INFORMATION

NAME OF APPLICANT

SOCIAL SECURITY NUMBER

P.O. BOX/STREET ADDRESS

CITY/STATE/ZIP

This release constitutes my consent and authority for the Texas Department of Banking to examine and obtain copies of records, statements, credit ratings, and information regarding my background.

I hereby authorize the release of information to the Texas Department of Banking pertaining to the following:

- Employment Information
- Credit Information
- Police and Criminal Records

This authorization is given in connection with my application for a permit to sell prepaid funeral benefit contracts under Chapter 154 of the Texas Finance Code.

(Date)

(Signature of Applicant)



Charles G. Cooper
Commissioner

TEXAS DEPARTMENT OF BANKING

2601 North Lamar Blvd., Austin, Texas 78705
512-475-1300 /877-276-5554
www.dob.texas.gov

**USER IDENTIFICATION #0101N
VIA THE INTERNET:**

RE: TEXAS DEPARTMENT OF PUBLIC SAFETY
http://secure.txdps.state.tx.us/dps_web/Portal/Account/login.aspx

A criminal record check will be performed on the below listed individual. This request is made for the purpose of administering Chapter 154 of the Texas Finance Code. This agency will not further disseminate the information to any other agency or individual persons in this agency for any purpose not specifically related to Chapter 154 of the Texas Finance Code.

(PLEASE PRINT OR TYPE)

Subject's Name

(Last) (First) (Middle)

Alias

DPS # _____ FBI # _____

Driver's License # _____ SSN: _____

Physical description:

Race Sex DOB Height Weight Hair Color Eye Color

CERTIFICATE OF ACCOUNT STATUS

Exhibit "F"

To All Corporations:

You must submit a "Certificate of Account Status" with all applications and renewals.

This certificate is available from the Comptroller's office to corporations upon written request. Include your taxpayer name, ID number, and charter number with your request. A Certificate of Account Status is only valid for a specific period of time. It is not a permanent certificate and an expiration date will appear on the face. A certificate can be obtained by contacting:

State Comptroller's Office
Attn: Account Correspondence and Maintenance
Capital Station
Austin, Texas 78774
Interstate Wats: 1-800-252-5555
Austin Telephone: (512) 463-4600
Website: <http://www.cpa.state.tx.us/>

ASSUMED NAME CERTIFICATES

Exhibit "G"

Section 36.02 of the Texas Business and Commerce Code ("the Code"), defines "assumed name" as:

- (a) in the case of an individual, a name that does not include the surname of the individual;
 - (b) in the case of a partnership, a name that does not include the surname or other legal name of each joint venturer or general partner;
 - (c) in the case of an individual or a partnership, a name, including a surname, that suggests the existence of additional owners by including words such as "Company," "& Company," "& Son," "& Sons," "& Associates," "Brothers," and the like, but not words that merely describe the business or professional service being conducted or rendered;
 - (d) in the case of a limited partnership, any name other than the name stated in its certificate of limited partnership;
 - (e) in the case of a company, any name used by the company;
 - (f) in the case of a corporation, any name other than the name stated in its articles of incorporation or association or comparable document.
1. A sole proprietorship or partnership business that is not incorporated, but is using an assumed name must file an assumed name certificate with the county clerk in the county in which they are located.
 2. A corporation, limited partnership, or limited liability company doing business under an assumed name must file an assumed name certificate with the Secretary of State in addition to their county clerk in accordance with Section 36.11 of the Code.
 3. For purposes of filing with the Secretary of State, the corporation should submit an originally executed assumed name certificate accompanied by the filing fee of \$25.00 to:

Secretary of State
Statutory Filings Division
Corporation Section
P. O. Box 13697
Austin, Texas 78711-3697
(512)463-5555
www.sos.state.tx.us

AGENT DESIGNATION CERTIFICATE

Exhibit "I"

MAIL TO: Texas Department of Banking
Special Audits Division
2601 North Lamar Boulevard
Austin, Texas 78705-4294

UPON APPROVAL, THIS AGENT IS REPLACING:

(AGENT'S NAME, TO BE REMOVED)

This document requests the designation of the individual named below as an agent who is responsible for the funds collected under contracts for prepaid funeral benefits under Section 154.160 of the Texas Finance Code. The designated agent will be further authorized to certify documents requesting approval of the Department of Banking for withdrawal of funds or release of benefits on deposit in prepaid funeral accounts, held on behalf of the contract beneficiary.

AGENT'S NAME: _____ PERMIT NUMBER: _____

PERMIT HOLDER NAME

PERMIT HOLDER CITY

OWNER/PRESIDENT SIGNATURE

TYPED OR PRINTED NAME AND TITLE OF OWNER/PRESIDENT

I, _____, acknowledge appointment as an agent under the
(AGENT'S NAME TYPED OR PRINTED)
provisions of Section 154.160 of the Finance Code. I also certify that I have read page 2 of this form, and that I understand my responsibility as a fiduciary under Section 32.45 of the Texas Penal Code.

SIGNATURE OF AGENT

TITLE OF AGENT

STATE OF _____

COUNTY OF _____

Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document, and, being by me first duly sworn, declared that he/she has read and understands the statements herein contained and agree to comply with all laws as they relate to the Finance Code. Given under my hand and seal of office this _____ day of _____, A.D., _____.

NOTARY PUBLIC SIGNATURE

(SEAL)

NOTARY PUBLIC TYPED OR PRINTED NAME

My commission expires: _____

INSTRUCTIONS

The principal of each permit holder shall designate those persons he/she desires to act as agents. The principal must sign the certificate and the agent must sign the acknowledgment. A principal may designate him/herself by signing both the certificate and the acknowledgment.

Prepare in duplicate for each agent and forward both notarized copies to the Department of Banking for review and approval. Upon approval, a copy will be returned to the permit holder to be kept in the permanent file. A copy will also be maintained in the Department's permanent file.

The permit holder must advise the Department of changes in designations within 10 days before a change occurs and submit new designations as necessary. Approved designations must be provided to Department examiners on request.

SECTION 154.160 OF THE TEXAS FINANCE CODE provides in part:

“A seller shall designate one or more agents by name or title. The seller shall notify the Department of the designation not later than the 10th day after the date the seller becomes subject to this chapter; and any change in the designation not later than the 10th day after the date of the change. An agent designated under this section is considered a fiduciary for purposes of Section 32.45, Penal Code; and responsible for the deposit of money collected under prepaid funeral benefits contracts.”

SECTION 154.404 OF THE TEXAS FINANCE CODE provides in part:

“A seller or a person acting on behalf of a seller commits an offense if the seller or person collects money under a prepaid funeral benefits contract; and fails to deliver the money to a designated agent of the seller before the 31st day after the date it is collected. An offense under this section is punishable as if it were an offense under Section 32.45, Penal Code.”

SECTION 32.45, TEXAS PENAL CODE provides in part:

“... (b) A person commits an offense if he intentionally, knowingly or recklessly misapplies property he holds as a fiduciary or property of a financial institution in a manner that involves substantial risk of loss to the owner of the property or to a person for whose benefit the property is held.

(c) An offense under this section is:

- (1) a Class A misdemeanor if the value of the property misapplied is less than \$200.00;
- (2) a felony of the third degree if the value of the property is \$200 or more but less than \$10,000;
- (3) a felony of the second degree if the value of the property is \$10,000 or more.”

**AUTHORIZATION FOR DIRECT PAYMENT
OF REGULATORY ASSESSMENTS (ACH DEBIT)**

Exhibit "J"

I hereby authorize the Texas Department of Banking (the "DOB") and/or the Texas Comptroller of Public Accounts, on behalf of the DOB, to initiate debit entries to the deposit account (the "account") indicated below at the depository financial institution (the "Depository") indicated below, and to debit the same to the account. I understand that debit entries will be initiated from the account to pay annual renewal and assessment fees owed the DOB pursuant to Section 25.23 of the Texas Administrative Code and that I will be given at least 15 days notice prior to the debit entry. I acknowledge that the entries must comply with the provisions of U.S. law.

THE ACCOUNT INFORMATION MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION

Bank Name _____

Branch _____

City _____ State _____ Zip _____

Bank Contact Name _____

Bank Contact Phone Number _____

ACH/Routing Number (9 digit number) _____

Account Number _____

Type of Account: _____ Checking _____ Savings

**FEES MAY NOT BE WITHDRAWN FROM YOUR
REPAID FUNERAL FUNDS ACCOUNT**

This authorization will remain in effect unless terminated because of a corporate reorganization. The account information will remain effective unless modified because of a change in the account to which debits are authorized. I understand that written notice of a termination or modification must be provided to the DOB at least 30 days in advance of a scheduled debit.

Name of Permit Holder _____

Permit Number _____ Date _____

Signature _____ Title _____

Printed Name _____