### MONTANA BOARD OF FUNERAL SERVICE ATTN TRUST REPORTING PO BOX 200511 301 S PARK, 4<sup>TH</sup> FLOOR HELENA, MT 59620-0511

Phone: 406-444-5901 Email: dlibsdfnr@mt.gov

Website: www.funeral.mt.gov

# 2023 ANNUAL TRUST REPORT FINANCIAL INSTITUTION

#### IMPORTANT INFORMATION

- Reporting Cycle January 1, 2023, through December 31, 2023
- Reporting Deadline February 1, 2024.
- **Reporting Entity** Any banking institution, savings, or building and loan association (i.e. "financial institution") holding money in trust as described in <u>37-19-828</u> and <u>37-19-829</u>, MCA.
- Submitting Your Report
  - o E-mail: dlibsdfnr@mt.gov
  - Postal Mail: Board of Funeral Service, ATTN Trust Reporting, PO Box 200511, Helena, MT 59620
- Questions Contact Kris Brewer at 406-444-5901 or dlibsdfnr@mt.gov.

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# 2023 ANNUAL TRUST REPORT FINANCIAL INSTITUTION

#### **SECTION 1 – Financial Institution Information**

1.	Financial Institution Name:						
2.	Type:	Bank	Savings or Building & Loan Assoc. Credit Union				
3.	Chartered:	Nationally	in Montana	Other State (I	ist state)		
4.	Mailing Address	s:					
5.	. Address of Office Maintained in Montana*:*  *If different than mailing address						
6.	. Contact Name:						
7.	E-mail: Phone:						
8.	Does this institution hold money in trust as provided for in 37-19-828, MCA?						
	YesPlease provide the information requested in the remaining sections of this form.						
	NoPlease skip to <b>Section 4</b> and complete the attestation.						
9.	Are the trusts identified in this report insured by an instrumentality of the federal government?						
	Yes						
	NoPle	NoPlease explain:					

# **SECTION 2 – Trustee Summary**

Please list the total ending balance for all beneficiary trusts under each trustee (funeral home/facility). Attach more pages if needed.

Trustee Address	Total Ending Balance
	Trustee Address

# **SECTION 3 – Beneficiary Information**

Please list each trustee's trust beneficiary information. Attach more pages if more rows are needed.

Trustee	Trust Beneficiary Name	Trust Beneficiary Address	Amount of Principal (as of 12/31)	Amount of Interest / Dividends Paid

Trustee	Trust Beneficiary Name	Trust Beneficiary Address	Amount of Principal (as of 12/31)	Amount of Interest / Dividends Paid
Trustee	Trast Beneficiary Name	Trust Deficiency Address	(43 01 12/01)	Dividends i aid

## **SECTION 4 – Financial Institution Attestation**

I attest to the information submitted within this Annual Trust Report:

Name of Person Submitting Report on Behalf of Financial Institution:	
Title:	
Date:	