

**MONTANA BOARD OF FUNERAL SERVICE
ATTN TRUST REPORTING
PO BOX 200511
301 S PARK, 4TH FLOOR
HELENA, MT 59620-0511**

Phone: 406-444-5901 **Email:** dlibsdfnr@mt.gov **Website:** www.funeral.mt.gov

**2020 ANNUAL TRUST REPORT
MORTUARY, BRANCH ESTABLISHMENT, AND CREMATORY PRENEED TRUST ACCOUNTS**

IMPORTANT INFORMATION

- **Reporting Cycle** – January 1, 2020, through December 31, 2020.
- **Reporting Deadline** – March 1, 2021.

A mortuary or crematory that does not file within the time prescribed may be subject to disciplinary action per [ARM 24.147.1608](#).

- **Reporting Deadline Extension Request** – March 1, 2021.

Requests will be evaluated by the Board on a case-by-case basis. You will be notified of the Board's decision and, if granted, the length of the extension. Refer to [ARM 24.147.1608](#).

- **Signature** – Each report must have a signed attestation from the mortuary or crematory owner or person-in-charge as to the information contained within the report.
- **Board Review** – This report is not an audit.

The Board will review all information provided and decide if further information or action is needed.

- **Submitting Your Report** –

- Email: dlibsdfnr@mt.gov
- Fax: 406-841-2363 (ATTN Trust Reporting)
- Postal Mail: Board of Funeral Service, ATTN Trust Reporting, PO Box 200511, Helena, MT 59620
- In-Person: Board of Funeral Service, 301 S Park Avenue, 4th Floor, Helena, MT

Questions – Contact Kris Brewer, Trust Account Reviewer, at 406-444-5901 or dlibsdfnr@mt.gov.

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Current Reporting Cycle: January 1, 2020, through December 31, 2020.

SECTION 1 – Mortuary or Crematory Information

1. Please provide the following license information for the mortuary(s) or crematory(s) submitting this report. If applicable, you may report more than one license in a single report.

Mortuary or Crematory Name:

License Number:

REMINDER: Crematories are required to submit an Annual Trust Report, even if the crematory is not associated with trust funds. Refer to the FAQ if you have questions.

SECTION 2 – Money Held in Trust(s)

2. Have **all** license numbers listed under Question # 1 held preneed trust money in a banking institution, savings or building and loan association, and/or credit union at any point during the current reporting cycle?

☐ Yes Fill out all remaining sections of this form.

☐ No If some licenses held preneed trust money, but others did not, identify the license numbers that **did not** hold preneed trust money:

☐ No No licenses held preneed trust money. Skip to SECTION 6 (page 4).

SECTION 3 – Owner and Manager Information

3. List all owners of the mortuary or crematory. If the business is owned by a corporation, list all officers. Attach more pages if needed.

Legal Name:

Phone Number:

_____	_____
_____	_____
_____	_____
_____	_____

4. Person-in-Charge Name: _____
5. Person-in-Charge Email Address: _____
6. Person-in-Charge Phone Number: _____

SECTION 4 – Preneed Contracts

7. Total number of preneed contracts sold by the license number(s) holding trust funds during the current cycle _____
8. Total preneed monetary amounts collected by the license number(s) holding trust funds during the current cycle..... _____
9. Did you deposit any trust money from the prior cycle during the current cycle?
- ☐ Yes. During the current cycle I deposited \$_____ from the prior cycle.
- ☐ No. All money from the prior cycle was deposited during the prior cycle.
10. Did you collect any trust money during the current cycle that was not deposited prior to the end of the current cycle?
- ☐ Yes. From the trust money reported in QUESTION # 8, I did not deposit \$_____ prior to the end of the current cycle.
- ☐ No. All trust money identified in QUESTION # 8 was deposited before the end of the current cycle.

SECTION 5 – Financial Institution Information

11. List the preneed funeral trust information and total amounts for each banking institution, savings or building and loan association, and/or credit union separately. Attach more pages if needed.

NOTES:

- Do not round the ending balances or interest/dividends earnings. Report the exact amount.
- All financial institutions reported in the prior cycle should be included in the current cycle's report. If you stopped using a financial institution during the current cycle, you are still required to report the figures requested below. The current cycle ending balance would total \$0.00.

Name of Banking Institution, Savings or Building & Loan Association/Credit Union	Address of Banking Institution, Savings or Building & Loan Association/Credit Union	Total ending balance for prior cycle (as of 12/31/2019)	Interest & dividends earned during this cycle (as of 12/31/2020)	Total ending balance for this cycle (as of 12/31/2020)

SECTION 6 – Attestation

As the owner or person-in-charge of this mortuary(s) and/or crematory(s), I attest that the information contained within this Annual Trust Report is accurate to the best of my knowledge:

Printed Name: _____

Signature: _____ Date: _____