

**MONTANA BOARD OF FUNERAL SERVICE**  
**PO BOX 200513**  
**301 S PARK, 4<sup>TH</sup> FLOOR**  
**Helena, MT 59620-0512**  
**Board Office Phone: 406-841-2394**  
**Email: [dlibsdfnr@mt.gov](mailto:dlibsdfnr@mt.gov) Website: [www.funeral.mt.gov](http://www.funeral.mt.gov)**

**ANNUAL TRUST REPORT – FINANCIAL INSTITUTIONS**

**Important Reporting Information**

- **Filing Period** – This report is for the reporting cycle of January 1, 2017, through December 31, 2017.
- **Filing Date Deadline** – This complete report is due to the board by February 1, 2018.
- **Entity Filing** – Any banking institution, savings, or building and loan association (i.e. "financial institution") holding money trust accounts as described in [37-19-828](#) and [37-19-829](#), MCA.
- **Submitting Your Report** – Reports can be submitted via e-mail ([dlibsdfnr@mt.gov](mailto:dlibsdfnr@mt.gov)), fax (406-841-2305), or postal mail to the address at the top of this page. If reports are faxed or mailed, mark them "Attention Lucy Richards".

**Questions?**

Contact Lucy Richards, Executive Officer, at 406-841-2394 or [dlibsdfnr@mt.gov](mailto:dlibsdfnr@mt.gov).

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Email: [dlibsdfnr@mt.gov](mailto:dlibsdfnr@mt.gov) Website: [www.funeral.mt.gov](http://www.funeral.mt.gov)**ANNUAL TRUST REPORT – FINANCIAL INSTITUTIONS****Section 1 – Financial Institution Information**

1. Financial Institution Name: \_\_\_\_\_

2. Type of Financial Institution

Bank

Savings or Building &amp; Loan

Credit Union

3. Financial institution is chartered:

Nationally

In Montana

Other State (list state) \_\_\_\_\_

4. Financial Institution Mailing Address: \_\_\_\_\_

5. Physical Address of Office Maintained in Montana: \_\_\_\_\_

\*If different than mailing address\*

6. Name and Title of Person Submitting Report \_\_\_\_\_

7. E-mail Address of Person Submitting Report: \_\_\_\_\_

8. Telephone: \_\_\_\_\_

Business Phone

9. Does this financial institution hold any money in trust accounts created as provided for in [37-19-828, MCA](#)?

Yes

\*if "yes", fill out **ALL** remaining sections of this form\*

No

\*if "no", skip directly to Section 4 – Attestation\*

10. The following accounts described in this report are insured by an instrumentality of the federal government.

Yes

\*if "yes", fill out **ALL** remaining sections of this form\*

No

\*if "no", explain

**Section 2 – Financial Institution Trustee Accounts Summary**

11. List the total ending balance for all accounts under each individual trustee (i.e. each individual funeral home, etc.). Attach more pages if more rows are needed.

\*For example, if X Funeral Home is the trustee for 20 different accounts that total \$10,000, then list "X Funeral Home" on Line 1 along with the total ending balance of all trust beneficiary accounts of \$10,000. Do this for each separate funeral home, crematory, and/or cemetery.

Line	Trustee (i.e. Name of Mortuary, Crematory, or Cemetery)	Trustee Address	Total Ending Balance for All Beneficiaries (i.e. Purchasers) under Trustee
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
	Total = Line 1 + Line 2 +...Line 15, etc.		

**Section 3 – Financial Institution Account Information for All Beneficiaries**

12. List the information for each individual trust beneficiary under each trustee (i.e. each funeral home). Attach more pages if more rows are needed.

Line	Trustee (i.e. Funeral Home)	Trustee Address	Trust Beneficiary Name (i.e. Purchaser)	Trust Beneficiary Address	Total Current Reporting Cycle Beginning Balance in Account	Total Interest & Dividends Earned	Total Withdrawals	Total Current Reporting Cycle End Balance (as of 12/31/17)
1					\$	\$	\$	\$
2					\$	\$	\$	\$
3					\$	\$	\$	\$
4					\$	\$	\$	\$
5					\$	\$	\$	\$
6					\$	\$	\$	\$
7					\$	\$	\$	\$
8					\$	\$	\$	\$
9					\$	\$	\$	\$
10					\$	\$	\$	\$
11					\$	\$	\$	\$
	<b>Total</b> = Line 1 + Line 2 + Line 3, etc.				\$	\$	\$	\$

**Section 4 – Attestation**

I attest to the information submitted within this annual report per [37-19-829, MCA](#).

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Legal Signature of Person Submitting Report on Behalf of Financial Institution

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Date