

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

Phone: 406-841-2321    Email: [dlibsdfnr@mt.gov](mailto:dlibsdfnr@mt.gov)    Website: [www.funeral.mt.gov](http://www.funeral.mt.gov)

2018 ANNUAL TRUST REPORT  
FINANCIAL INSTITUTION

**IMPORTANT INFORMATION**

- **Reporting Cycle** – January 1, 2018, through December 31, 2018.
- **Reporting Deadline** – February 1, 2019.
- **Reporting Entity** – Any banking institution, savings, or building and loan association (i.e. "financial institution") holding money in trust as described in [37-19-828](#) and [37-19-829](#), MCA.
- **Submitting Your Report** –
  - E-mail: [dlibsdfnr@mt.gov](mailto: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
- **Questions** – Contact Tiffany Huss, Compliance Unit, at 406-841-2321 or [dlibsdfnr@mt.gov](mailto:dlibsdfnr@mt.gov).

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**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 (list state) \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

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](#)?

Yes .....Please provide the information requested in the remaining sections of this form.

No.....Please skip to **Section 4** and complete the attestation.

9. Are the trusts identified in this report insured by an instrumentality of the federal government?

Yes

No.....Please 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	Trustee Address	Total Ending Balance





**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: \_\_\_\_\_