MONTANA BOARD OF FUNERAL SERVICES
TRUSTEE FUNDS HELD FOR PREARRANGED FUNERAL PLANS
ANNUAL REPORT FOR YEAR 2016

Name of Financial Institution: Contact Name:

Check One: □ Bank □ Savings or Building & Loan Assoc. □ Credit Union Phone: E-mail:

Address of Principal Place of Business:

Address of Office Maintained in Montana:

Institution is chartered: □ nationally □ in Montana □ other state _____

The following accounts are insured by an instrumentality of the federal government: Yes _____ No _____ (check one)

TRUSTEE (Funeral Home)	TRUSTEE ADDRESS	TRUST BENEFICIARY (Purchaser) NAME	TRUST BENEFICIARY ADDRESS	CURRENT PRINCIPAL IN EACH ACCOUNT	INTEREST OR DIVIDENDS PAID THROUGH THE YEAR

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