**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](http://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 [37-19-828](http://leg.mt.gov/bills/mca/title_0370/chapter_0190/part_0080/section_0280/0370-0190-0080-0280.html) and [37-19-829](http://leg.mt.gov/bills/mca/title_0370/chapter_0190/part_0080/section_0290/0370-0190-0080-0290.html), MCA.
* **About this Report** –
	+ SECTION 2 and SECTION 3 have a set number of rows provided. However, this report was created to allow you to insert new rows or copy and paste new rows.

You are also welcome to provide the requested information in a Microsoft Office, PDF, or similar format of your choosing.

* **Submitting Your Report** –
	+ 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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# **SECTION 1 – Financial Institution Information**

1. Financial Institution Name: Click or tap here to enter text.
2. Type: [ ]  Bank [ ]  Savings or Building & Loan Assoc. [ ]  Credit Union
3. Chartered: [ ]  Nationally [ ]  in Montana [ ]  Other State (list state) Click or tap here to enter text.
4. Mailing Address: Click or tap here to enter text.
5. Address of Office Maintained in Montana\*: Click or tap here to enter text.

 \*If different than mailing address

1. Contact Name: Click or tap here to enter text.
2. E-mail: Click or tap here to enter text. Phone: Click or tap here to enter text.
3. Does this institution hold money in trust as provided for in [37-19-828, MCA](http://leg.mt.gov/bills/mca/title_0370/chapter_0190/part_0080/section_0280/0370-0190-0080-0280.html/)?

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

 [ ]  No Please skip to [**Section 4**](#_SECTION_4_–) and complete the attestation.

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

 [ ]  Yes

 [ ]  No Please explain: Click or tap here to enter text.

# **SECTION 2 – Trustee Summary**

Please list the total amount held for each trustee (funeral home/facility). Attach more pages or insert additional rows to this table if needed.

| **Trustee** | **Trustee Address** | **Total Amount Held** |
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# **SECTION 3 – Beneficiary Information**

Please list each trustee’s trust beneficiary information. Insert additional rows to this table or attach additional pages if needed.

| **Trustee** | **Trust Beneficiary Name** | **Trust Beneficiary Address** | **Amount of Principal****(as of 12/31/2023)** | **Amount of Interest / Dividends Paid** |
| --- | --- | --- | --- | --- |
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# **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: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_