

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

**2025 ANNUAL TRUST REPORT
FINANCIAL INSTITUTION**

IMPORTANT INFORMATION

- **Reporting Cycle** – January 1, 2025, through December 31, 2025
- **Reporting Deadline** – February 1, 2026
- **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
 - 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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FINANCIAL INSTITUTION**

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](#)?

 YesPlease 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 3 – Beneficiary Information

Please list each trustee’s trust beneficiary information. Attach more pages if more rows are needed.

Trustee	Trust Beneficiary Name	Trust Beneficiary Address	Amount of Principal (as of 12/31)	Amount of Interest / Dividends Paid

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: _____