



CEMETERY AND FUNERAL BUREAU
 1625 N. Market Blvd., Suite S-208
 Sacramento, CA 95834
 P 916.574.7870 | F 916.928.7988 | www.cfb.ca.gov



APPLICATION FOR ENDOWMENT CARE FUND CONVERSION

Licensed cemeteries requesting to convert their endowment care fund (ECF) distribution method from Net Income to Unitrust must submit this application along with the required documents referenced in Section E directly to the Bureau at the address above.

SECTION A: CEMETERY INFORMATION			
Name of Corporation or Limited Liability Company (LLC)		License Number - COA	
Name of Cemetery		Year Established	
Address of Cemetery	City	State CA	Zip Code
Telephone Number			
Contact Name (First Last)		Phone Number	Email address
Size of non-endowment section	<input type="checkbox"/> Not applicable	Spaces: _____	Acres: _____
Size of cemetery (developed and undeveloped)		Spaces: _____	Acres: _____
Property remaining to be sold		Spaces: _____	Acres: _____
<i>Developed Cemetery Property:</i>			
Total sold for interment (including preneed)		Spaces: _____	Acres: _____
Of the total sold, how many contributed to the ECF		Spaces: _____	Acres: _____
SECTION B: TRUSTEE INFORMATION			
<i>If a bank or trust company is the sole trustee fill in below:</i>			
Last Name	First Name	Phone Number	Email address
Address	City	State	Zip Code
<i>For a board, identify the trustee who holds a valid license/registration:</i>			
Last Name	First Name	Phone Number	Email address
Check One: <input type="checkbox"/> Professional Fiduciary <input type="checkbox"/> Certified Public Accountant <input type="checkbox"/> Certified Investment Advisor <input type="checkbox"/> Attorney License/Registration number _____ State _____			

SECTION C: ENDOWMENT CARE FUND INFORMATION

ECF established: _____ Date: _____

Requested total annual unitrust amount: _____% (percent)

Current ECF deposit rate \$ _____

Current value of maintenance reserve \$ _____

Expected annual deposits into the reserve: \$ _____

Proposed income distributions: (Check one)

Monthly Quarterly Semiannually Annually

SECTION D: LONG-TERM PROJECTIONS FOR THE ENDOWMENT CARE FUND

What is the total projected amount necessary to maintain the cemetery at the end of its economic life?
\$ _____

Itemize Projected Expenses Below

Personnel costs (i.e. salaries, wages, benefits)	\$ _____
Building and equipment maintenance (repair/replace/maintain)	\$ _____
Overhead (i.e. utilities, taxes, rent)	\$ _____
Other (please identify)	\$ _____

SECTION E: REQUIRED ATTACHMENTS

In order to complete your application, the following documents shall accompany the application:

- ECF Trust Agreement
- ECF Investment Objectives
- Cemetery Maintenance Standards

SECTION F: CERTIFIED TRUE STATEMENT

I hereby certify, under penalty of perjury, under all laws of the state of California that all statements, answers and representations on this form, and all attachments, are true, complete, and accurate.

Cemetery Manager Signature Print Name Date

Corporation Designee Signature Print Name Date

Trustee Signature Print Name Date

Trustee Signature Print Name Date

Trustee Signature Print Name Date

Attach a separate page for additional trustees