



**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



**UNITRUST CONVERSION APPLICATION**

A cemetery authority, its board of trustees or its corporate trustee seeking to convert its endowment care fund (ECF) from a net income distribution method to a unitrust distribution method must submit this signed application to the Bureau, along with all the documents required by Section 2334 of Title 16 of the California Code of Regulations by email scanned and sent to [unitrust@cfb.ca.gov](mailto:unitrust@cfb.ca.gov) or by mail to the physical address listed above.

Please note: Applicants for conversion to a unitrust distribution method must have submitted all annual reports pursuant to Section 7612.6 of the Business and Professions Code in the preceding five (5) consecutive years to qualify for conversion. Applicants who fail to meet this requirement will be denied.

Section 8726.2 of the Health and Safety Code is attached to the application for reference.

| <b>SECTION A: APPLICANT AND CEMETERY INFORMATION</b>  |  |  |  |
|---|--|--|--|
| Name(s) and Title(s) of Applicant(s)  |  |  |  |
| Applicant Type (select one)   |  |  |  |
| <input type="checkbox"/> Cemetery Authority   |  | <input type="checkbox"/> Board of Trustees | <input type="checkbox"/> Corporate Trustee |
| Name of Cemetery  |  | COA License Number                         |  |
| Address of Cemetery   | City                                       | State                                      | Zip Code                                   |
| Mailing Address (Address of Record) (provide if different from above)   | City                                       | State                                      | Zip Code                                   |
| Telephone Number  |  |  |  |
| Primary Contact Name (First, Last)  |  | Phone Number                               | Email address (optional)                   |
| <b>SECTION B: CORPORATE TRUSTEE INFORMATION, IF APPLICABLE</b>  |  |  |  |
| Enter information below for corporate trustee (i.e. bank or trust company): If not applicable, skip to Section C  |  |  |  |
| Department of Financial Protection and Innovation (DFPI) license number, or Office of the Comptroller of the Currency (OCC) charter and certificate number. |  |  |  |
| License, Charter or Certificate type: _____ Number: _____   |  |  |  |
| Name of Financial Institution   | Designated Agent for Financial Institution | Phone Number                               | Email address (optional)                   |
| Address   | City                                       | State                                      | Zip Code                                   |

**SECTION C: INDIVIDUAL TRUSTEE(S) OR DESIGNEE OF A CEMETERY AUTHORITY**

Enter information below for the individual trustee(s) or designee responsible for managing the endowment care fund who meet the below knowledge and expertise requirements:

|           |            |              |                          |
|-----------|------------|--------------|--------------------------|
| Last Name | First Name | Phone Number | Email address (optional) |
|-----------|------------|--------------|--------------------------|

Check all that apply:

- 1.  Possesses a minimum total of twenty (20) semester units, or the equivalent in quarter units, in one or more of the following academic areas: accounting, auditing, finance, economics, or actuarial science from a college, university, or other institution of higher learning accredited by an association recognized by the Secretary of the United States Department of Education. Documentation for these units shall be provided by sending copies of original transcripts to the Cemetery and Funeral Bureau via email to [unitrust@cfb.ca.gov](mailto:unitrust@cfb.ca.gov) or via mail to the Bureau's address listed above.

OR

Holds a current, active, and unrestricted Certified Public Accountant (CPA) or Registered Investment Advisor License or registration from a federal agency, state, or territory in the United States. I am providing the following information:

- Type of License or Registration \_\_\_\_\_
- Issuing Agency \_\_\_\_\_ License/Registration Number \_\_\_\_\_

AND

- 1. Do you possess at least two (2) years' work experience in the past ten (10) years immediately prior to filing this application in investing and managing an endowment care fund under the unitrust distribution method?  
YES  NO

**SECTION D: REQUIRED ATTACHMENTS**

In order to complete your application and to expedite our review, please provide all the documents and information required by Section 2334 of Title 16 of the California Code of Regulations (see attached). If all documents are not available, provide an explanation for why the document(s) are not available and, if applicable, the date when the document(s) are expected to become available.

**SECTION E: CERTIFIED TRUE STATEMENT**

Please select the appropriate section title below and provide each person's full legal name, sign and date where indicated below.

I hereby certify, under penalty of perjury, under the laws of the State of California, that all statements, answers, and representations on this form, and all attachments, are true, complete, and accurate, and that I am authorized to complete this form on behalf of the cemetery authority.

**1. Cemetery Authority: Authorized Representative for Corporation or Managing Member for LLC:**

|   |                     |               |
|---|---------------------|---------------|
| _____<br>President Signature  | _____<br>Print Name | _____<br>Date |
| _____<br>Vice President Signature                                   | _____<br>Print Name | _____<br>Date |
| _____<br>Managing Member or Authorized Signer of the LLC/Print Name |                     | _____<br>Date |

**2. Board of Trustees:**

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**3. Corporate Trustees**

\_\_\_\_\_  
Trustee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Attach a separate page if necessary.

*INFORMATION COLLECTION AND ACCESS Except for the email address, the information requested herein is mandatory and is maintained by the Cemetery and Funeral Bureau (Bureau) 1625 North Market Blvd., Suite S208 Sacramento, CA 95834, (916) 574-7870, in accordance with Business and Professions Code (BPC) sections 7600 et seq. The Bureau collects the personal information requested on this form as authorized by BPC sections 27, and 8726.2, and Title 16, California Code of Regulations, sections 2334, 2334.2, and 2334.3. The Bureau uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation, including laws and regulations governing income distribution for endowment care funds.*

*Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Bureau makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Failure to provide all of the information required by this application may result in your application being returned to you as incomplete.*