## PRENEED TRUST FUND, ANNUAL TRUSTEE REPORT

Under sections 497.458 and 497.464, Florida Statutes (F.S.)

Pursuant to section 497.458(1)(k), F.S., and Rule 69K-7.0095, Florida Administrative Code (F.A.C.), beginning April 1, 2018, and on or before April 1st thereafter, a trustee that held a preneed licensee trust at any time during the previous calendar year shall furnish the Department an annual report with the required information, specified below, in the format and pursuant to procedures specified by Department rule.

This form shall be used to submit the trustee's required annual report and is incorporated by reference in Rule 69K-1.001, F.A.C. The form can be accessed via the Division of Funeral, Cemetery, and Consumer Service's (Division) website at http://www.myfloridacfo.com/division/funeralcemetery/. The annual report must be filed with the Division at the following address: Division of Funeral, Cemetery, and Consumer Services, 200 East Gaines Street, Tallahassee FL 32399-0361.

Address:  Check here if there is a second of the second of	s of January 1st Calendar	is entire reporting ye	ear. If more than on	te, complete both columns.  31st Calendar Year Reporting
Check here if there is  As  Trustee Name: Address: City, State, Zip: Trust Account No.: Contact Person: Contact Phone:  Trust	was only one trustee for the sof January 1st Calendar	is entire reporting y	ear. If more than on	•
Trustee Name:  Address:  City, State, Zip:  Trust Account No.:  Contact Person:  Contact Phone:		Year Reporting	As of December	· 31st Calendar Year Reporting
Address:  City, State, Zip:  Trust Account No.:  Contact Person:  Contact Phone:				
City, State, Zip: Trust Account No.: Contact Person: Contact Phone: Trust Account No.:				
Trust Account No.:  Contact Person: Contact Phone:				
Contact Person: Contact Phone: Tru				
Contact Phone:				
Trı	D. A. C. C. A. C. A. D. A.			
	ustee Appointment Date:			
Trı	ustee Resignation Date:		-	<del></del>
Da	ite Assets Moved to		-	
·	ccessor Trustee:		-	
	ir Market Value of Assets	¢.		
	nt to Successor Trustee:	\$		
Trust Activity:	nning Fair Market Value	\$		
Degii	=	-		
	Fulfillments: Cancellations:	\$	\$ \$	
		<u> </u>		<u></u>
	Defaults:	\$	\$	
Endi	ing Fair Market Value	\$	\$	
*******	******	******	*****	*********
	RUSTEE'S ACCOUNT M			
Print name of accour	nt manager:			
Signature			Date signed	

Pursuant to section 837.06, F.S., it is a second degree misdemeanor to knowingly make a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty.

DFS-N1-2183 Eff. 03/19, Rule 69K-1.001, F.A.C.