

**Election of Care and Maintenance Trust Fund Distribution Method**

Florida Division of Funeral, Cemetery, and Consumer Services  
Board of Funeral, Cemetery, and Consumer Services

This form is used by cemeteries licensed under Chapter 497, Florida Statutes, to make an initial election or subsequent change of election under s. 497.2675, Florida Statutes. This form must be filed with the Division of Funeral, Cemetery, and Consumer Services at least 60 days prior to the effective date of the election. This form is not effective unless properly completed and timely filed. See rule 69K-7.0012, Florida Administrative Code, for more information.

(1) NAME UNDER WHICH CEMETERY IS LICENSED:

(2) CEMETERY LICENSE NUMBER:

(3) CEMETERY PHYSICAL ADDRESS:

(4) CONTACT INFORMATION. Provide the contact information requested below, for the contact person the Division should communicate with if the Division has questions regarding this election and/or election form:

a. Contact person name:

b. Contact person phone #: Area code                      Phone # :

c. Contact person mailing address:

d. Contact person email address:

(5) TRUST INFORMATION.

(a) Does this cemetery have more than one Care and Maintenance Trust Fund?  Yes  No

*If yes, a separate election must be filed for each trust fund.*

(b) Regarding the Care and Maintenance Trust Fund to which this election relates, provide the following information:

1. Name Of Trustee:

2. Trust Account Number:

3. Trust Accounting Year begins on:

(6) TYPE OF ELECTION. Check one:

This is an initial election to use the total return withdrawal method.

This is a change in election. By this election the cemetery will change from the total return withdrawal method to the net income withdrawal method.

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(7) ELECTION EFFECTIVE DATE. Enter the effective date of the election being made under this form:

*Note: The effective date must coincide with the first day of a care and maintenance trust fund accounting year of the trust fund to which the Form A relate . See rule 69K-7.0012, Florida Administrative Code.*

(8) TOTAL RETURN WITHDRAWAL PERCENTAGE. *Note: The percentage may not exceed five percent.*

Enter the total return withdrawal percentage you elect to use:

(9) SIGNATURE OF AUTHORIZED REPRESENTATIVE. By his or her signature below the signing party represents to the Division and Board that the signing party is authorized to make and file this election under s. 497.2675 on behalf of the licensee.

\_\_\_\_\_  
Signature by or on behalf of cemetery licensee

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

Check here and skip item below if info below is same as Contact person info above

1. Print name of person signing above:

2. Phone number of person signing above:

3. Email address of person signing above:

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File this completed form by any of the following methods:

By US Mail to:

Division of Funeral, Cemetery, and Consumer Services  
200 East Gaines Street  
Tallahassee FL 32399-0361

By hand delivery or courier service to:

Division of Funeral, Cemetery, and Consumer Services  
Pepper Building, room 336  
111 W. Madison Street, Tallahassee FL

By email as a scanned electronic PDF copy of the completed form to the Division at:

[F&C@MyFloridaCFO.com](mailto:F&C@MyFloridaCFO.com)