



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone: (501) 371-2600 or (800) 282-9134 | Fax: (501) 682-0575
E-Mail: AID.Prepaid@arkansas.gov

Website: https://insurance.arkansas.gov/pages/industry-regulation/pre-paid-funeral/pre-paid-funeral-insurance/

APPLICATION FOR CHANGE OF OWNERSHIP OF PREPAID
FUNERAL BENEFITS CONTRACTS AND TRUST FUNDS

Pursuant to Act 156 of 1985, as amended by Act 852 of 1995, and the Rules issued pursuant
thereto, the following information is submitted as an application to sell, assign and exchange
prepaid funeral benefits contracts, trust funds and funding insurance policies and annuity
contracts between permitted organizations:

1. The complete legal name and address of the Seller:

Four horizontal lines for providing the complete legal name and address of the Seller.

2. The complete legal name and address of the Transferee:

Four horizontal lines for providing the complete legal name and address of the Transferee.

3. A detailed description of the proposed ownership change and property transfer:

Five horizontal lines for providing a detailed description of the proposed ownership change and property transfer.

4. Attached as Exhibit "A" is an accounting of all prepaid funeral benefits contracts which will
be sold and transferred. This accounting must be as of a date within thirty (30) days of the
required application filing date and contain the date of the contract, name of the purchaser,
type of contract, i.e. cash, annuity or insurance funded, contract price, amount of
consideration paid, including the insurance policy or annuity contract number and policy or
contract amount and name of the issuing insurance company, and the balance due on each
contract.

5. Attached as Exhibit "B" is an accounting of all prepaid funeral benefits trust fund assets
which will be exchanged and transferred. This accounting must be as of the same date as
Exhibit "A" and contain the name and description, date, account or certificate number, name
and address of issuing organization, market value and balance for each trust fund asset, as
well as the total amount of principal, undisbursed income, and surplus which will be
transferred.

6. Attached as Exhibit "C" is a copy of the notice that will be sent to each purchaser which
advises them of the sale and transfer.

7. It is proposed that this sale and transfer will be completed on (date) _____.

8. **Attachments to Form AID-FI-F6**, as required by Ark. Code Annotated § 23-40-113(b)(7-8):
- a. A filing fee of **\$500.00**.
 - b. An executed Form **AID-FI-F7** *Assignment and Acceptance of Prepaid Funeral Benefits Contracts and Trust Funds*.
 - c. An executed Form **AID-FI-F8** *Transferee's Certification of Net Worth in a Change of Ownership Transaction*.
 - d. An executed Form **AID-FI-F3** *Agreement to Hold, Invest, and Administer Prepaid Funeral Benefits Trust* or an approved written trust agreement from the trustee with which the trust funds will be established and maintained.
 - e. An executed Form **AID-FI-F9** *Application to Transfer Trust Funds*, if applicable.

Witness the signature of said Seller (Transferor) and Purchaser (Transferee) this _____ day of _____, 20____.

Seller (Transferor)

Purchaser (Transferee)

President/Owner

President/Owner

SELLER - ACKNOWLEDGMENT

On this _____ day of _____, 20 ____, before me, a Notary Public, personally appeared _____, who acknowledged himself/herself to be an authorized representative of _____, **SELLER (TRANSFEROR)**, and that he/she is authorized to execute the foregoing instrument for the purpose therein contained by signing the name of the permitted prepaid funeral benefits seller as its authorized representative.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

 Notary Public

 Commission Expiration Date

PURCHASER - ACKNOWLEDGMENT

On this _____ day of _____, 20 ____, before me, a Notary Public, personally appeared _____, who acknowledged himself/herself to be an authorized representative of _____, **PURCHASER (TRANSFEREE)**, and that he/she is authorized to execute the foregoing instrument for the purpose therein contained by signing the name of the permitted prepaid funeral benefits seller as its authorized representative.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

 Notary Public

 Commission Expiration Date