

Wisconsin Department of Safety and Professional Services

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FUNERAL DIRECTORS EXAMINING BOARD

NOTICE OF CONVERSION OF A BURIAL TRUST TO A BURIAL AGREEMENT

Instructions: An Agent, a licensed Funeral Director, or an operator of a Funeral Establishment must submit this form to the Funeral Directors Examining Board when a consumer terminates a burial trust. A copy must be given to the consumer, and a copy should be kept on file at the Funeral Establishment. This notice must be submitted to the Board and the consumer at least 30 days prior to acceptance of the consumer's initial premium.

Section A: Issuer of Notice (Agent, licensed Funeral Director, or Operator of a Funeral Establishment)

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>		Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	

Section B: Requirement for Terminating a Burial Trust

Name of Funeral Establishment designated on original burial trust agreement <input type="text"/>	Date original burial trust agreement was made <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Individual for whom original burial trust is intended <input type="text"/>	
Name of bank, trust company, savings and loan association, or savings bank in which the burial trust funds have been held <input type="text"/>	
Name of life insurance company issuing the life insurance policy to the fund of the burial agreement <input type="text"/>	
Name of Funeral Establishment that will be designated on the life insurance policy as beneficiary <input type="text"/>	Name of agent who sells the life insurance policy <input type="text"/>

ACKNOWLEDGMENT

I declare that I am the person issuing this notice and that all answers set forth are each and all strictly true in every respect. I understand that omissions, misleading, false, or forged statements made in connection with this notice may be grounds for revocation of my credential. I also understand that failure to comply with the laws or rules of either the Funeral Directors Examining Board or the Department will be cause for disciplinary action.

Signature of Agent, Funeral Director, or Operator:
 (Print and Sign Form)

Print name of person signing above: Date: / /