

# PREPAID FUNERAL AND CEMETERY CONTRACT SELLER/PROVIDER REGISTRATION, REREGISTRATION AND REINSTATEMENT APPLICATION

AUTHORITY: 1986 PA 255, MCL 338.3434a, AND 42 USC 654

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name		U.S. Social Security Number (if applying as an individual)	
Name of Owner(s) - (Partnership, Limited Partnership, LLC, Corp)		Registration # (if applicable)	
Address	City	State	Zip Code
Business Address Where Books and Records are Kept	City	State	Zip Code
Telephone Number	E-mail Address		
I have the ability and will serve the public in a fair, honest and open manner. If I have had a judgment of guilt in a criminal proceeding or a civil action against me, I am rehabilitated, or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license. Yes                      No			
Does the applicant or manager have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction? Yes                      No			
Has the applicant ever sold any prepaid contracts? Yes                      No			
If yes, has the applicant assumed any contracts from another registration? (if "yes" you must complete and submit page 3 of this application) Yes - Name and Registration Number of Former Registrant: _____ Expiration _____ No _____ Date: _____			
FEE PAYMENT INFORMATION (Check One Box)		FOR OFFICE USE ONLY	
New Registration \$120.00 (New Business or Ownership Change)		3401-01  License Number:	
Reregistration \$120.00 (Within 60 days after expiration)		3401-01  Approved By:                      Date Approved:	
Reinstatement \$120.00 (Required if 61 days after expiration date of registration)		3401-01	
Make your check or money order in U.S. Currency payable to: <b>STATE OF MICHIGAN</b>			
NON-REFUNDABLE FEES ARE AUTHORIZED BY 1986 PA 255			

Additional Required Documentation

- The names and addresses of persons owning 10% or more interest in the entity applying for registration.
- A list of the names and addresses of any escrow agents in which funds have been or will be deposited by the registrant.
- Copies of all escrow or trust agreements between a registrant and an escrow agent.
- The Assignor/Assignee Notification section (page 3) of the application (*if applicable*).

Certification

I hereby state that 30 days prior to the first sale of a prepaid contract, I will have an agreement with an escrow agent in compliance with MCL 338.217 of 1986 PA 255 with whom I will deposit funds.

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

Assignor

Assignee

## ASSIGNOR/ASSIGNEE NOTIFICATION - PREPAID CONTRACT SELLER/PROVIDER ASSIGNMENT NOTIFICATION FORM

<u>Both</u> assignee and assignor notification forms must be submitted with <u>original</u> signatures or the transfer process will not be considered complete.					
Business Name (Assumed Name/DBA - if applicable)				Federal ID Number	
Name of Owner		Check One Sole Proprietor      Partnership      Limited Partnership      LLC      Corporation			
Mailing Address (Number and Street)		City		State	ZIP
Address where books are kept (Number and Street)		City		State	ZIP
E-Mail Address			Daytime Telephone Number		
Name of Registrant assigning the contracts				Registration Number 3401-	
Effective Date of Assignment		Number of Contracts to be Assigned		Dollar Amount of Contracts to be Assigned \$	
Name of escrow agent that previously held funds			Name of escrow agent that will be used when receiving funds		
Name of Registrant assuming contracts				Registration Number of Registrant Assuming Contracts 3401-	
Were notifications sent to the contract holders as required by Section 9, 13(6) and R339.35? Yes: Attach a copy of the notification letter No: Explain:					
<b>CERTIFICATION</b>					
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my certificate, disciplinary action, or may be punishable by law.					
Sole Proprietorship {   Corporation, LLC, PLLC, Partnership, LLP (appropriate business officials who are authorized to sign for entity)		_____ Signature <span style="float: right;">Date Signed</span>			
		_____ Officer, Managing Member, Partner <span style="float: right;">Title</span> <span style="float: right;">Date Signed</span>			
		_____ Officer, Managing Member, Partner <span style="float: right;">Title</span> <span style="float: right;">Date Signed</span>			