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Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Department of Professional and Occupational Regulation

Cemetery Board

PERPETUAL CARE TRUST FUND - NOTICE OF CONVERSION FORM

No Fee Required

➢ A failure by a cemetery company to file a perpetual care trust fund financial report annually with the Board as required by §54.1-2324 shall automatically prohibit a conversion to or continuation of a total return distribution method pending further action by the Board.

1. VA Cemetery Company License Number: ☐☐☐☐☐☐☐☐☐☐

2. Cemetery Company Name _____

3. Provide Mailing Address (P.O. Box accepted). The mailing address will be printed on the license.

   Address _____

   APT/Unit # _____

   City _____ State (abbr.) _____ Zip Code _____

4. Street Address (P.O. Box **not** accepted). **Physical Address Required.**

   ☐ Check here if Street Address is the **same** as the Mailing Address listed above.

   Address _____

   APT/Unit # _____

   City _____ State (abbr.) _____ Zip Code _____

5. Contact Numbers _____ (Primary Telephone) _____ (Alternate Telephone) _____ (Fax)

6. Email Address _____

   Email address is considered a public record and will be disclosed upon request from a third party.

7. a. Which of the following distribution methods is the cemetery requesting?

   ☐ **Net Income** distribution method
   ☐ **Total Return*** distribution method

   Implementation Date: _____

   * **Total Return** distribution method - Notice of conversion must be provided to the Board at least **90 days** prior to implementation of the new distribution method.

7. b. Trust principal:

   Amount of Fair Market Value of the Assets at the end of the accounting period immediately prior to the conversion:

   Amount: _____ Requesting Date: _____

8. List the jurisdiction for the **Commissioner of Accounts** in which the cemetery company will file a copy of its annual perpetual care trust fund financial reports:

   Jurisdiction _____

   Name _____

   Address _____

   City _____ State (abbr.) _____ Zip Code _____

9. How often will the trustee make distributions to the cemetery company from the perpetual care trust fund?

   ☐ Annually ☐ Semi Annually ☐ Quarterly ☐ Monthly

10. Cemetery Company's Compliance Agent Name:

Last (required) | First (required) | Middle | Generation

11. Compliance Agent Contact Numbers: Primary Telephone | Alternate Telephone

Compliance Agent Address:

City | State | Zip Code

12. Name of Trustee

Required attachments for total return distribution method.

1. *Copy of the trust instrument;*
2. *Election of distribution method;*
3. *A written investment and distribution policy; and*
4. *If the perpetual care trust fund is used for more than one cemetery, attach a Schedule E reporting form and identify each cemetery.*

13. Trustee's Mailing Address

APT/Unit # | City | State | Zip Code

14. Trustee's Telephone Number(s) Primary Telephone | Alternate Telephone

15. Trustee's Contact Person - Name & Title

16. Trustee's Email Address

17. **Trustee Statement**

I, undersigned, have determined that the method of distribution elected by the above-named cemetery company is proper. If a total return distribution method has been elected, I have adopted a written investment and distribution policy under which the amounts of future distributions from the perpetual care trust fund will be calculated, and the investment goals and objectives of this policy are tailored to achieve (i) principal growth through equity investment; (ii) current income through income investment, as necessary; and (iii) an appropriate balance between (a) maintaining purchasing power through principal appreciation and (b) generating income to support the cemetery company's care and maintenance.

Print Name Title

Signature Date

Trustee

18. **Compliance Agent's Declaration**

I, the undersigned, certify that the cemetery company submitting this Notice of Conversion is aware of the provisions of Title 54.1, Chapter 23.1 of the Code of Virginia (§§ 54.1-2322 and 54.1-2324) and request its trustee to make this conversion.

Print Name Title

Signature Date

Compliance Agent