



**Cemetery Board**  
**NEW TRUSTEE/TRANSFER OF FUNDS NOTIFICATION FORM**  
**No Fee Required**

- A copy of ALL notifications made pursuant to § 54.1-2337 of the *Code of Virginia* must accompany this form.
- New trustees that are not a Virginia Trust Company or Trust Subsidiary, or Federally Insured Bank or Savings Institution doing business in the Commonwealth of Virginia must submit a Trustee Approval Application to the Virginia Cemetery Board prior to the transfer of funds.

1. Cemetery Company Name \_\_\_\_\_

Enter the company name as it appears on the license.

2. Virginia Cemetery Company License No. 

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 Expiration Date \_\_\_\_\_

3. Type of Trust       Perpetual Care       Preneed

4. Name of Current Trustee \_\_\_\_\_

5. Current Trustee's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Name of New Trustee \_\_\_\_\_

7. New Trustee's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. New Trustee Contact Person \_\_\_\_\_

9. New Trustee Contact Person's Title \_\_\_\_\_

10. New Trustee Email Address \_\_\_\_\_

11. New Trustee Contact Numbers \_\_\_\_\_  
Primary Telephone      Fax

12. Signature \_\_\_\_\_ Date \_\_\_\_\_  
Trustee's Signature

13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I also certify that the notifications required by § 54.1-2337 of the *Code of Virginia* have been made.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Officer, Director or Compliance Agent

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			3057		4901	