

CERTIFICATE OF PERFORMANCE OF PRENEED FUNERAL CONTRACT

This form must be completed by each funeral home performing services [and retained in the closed preneed file for 10 years]. It will be presented to the financial institution for payment. If the contracting funeral home did not perform any services, the form may be presented for payment either by the contracting funeral home or the performing funeral home. Payment will be made to the contracting funeral home (or according to the terms of the insurance policy), and that funeral home will immediately pay the money received to the performer; however, if a preneed funeral contract is revoked or transferred after the death of the beneficiary, the contracting funeral home may charge for any services or merchandise it provided before revocation or transfer. Each trust account must be closed within 30 days from the date of death. **A copy of this form must be mailed to the NC Board of Funeral Service, 1033 Wade Avenue, Suite 108, Raleigh, NC 27605 or faxed to 919-733-8271 within ten days following receipt of payment from the financial institution or insurance company.**

Performing funeral home _____ PN Establishment # _____

Address _____ Phone _____

Contracting funeral home (if different from above) _____ PN Establishment # _____

Address _____ Phone _____

NAME OF DECEASED _____ Social Security No. of Deceased _____

Date of Preneed Contract _____ NCBFS Preneed contract no. _____ Date of death _____

At-need Contract Amount \$ _____ County / State where death certificate filed _____

The undersigned funeral home, through its duly authorized representative, certifies below that this request for payment complies with Article 13D, Chapter 90, General Statutes of North Carolina, in that (check applicable provision):

_____ It has fully performed all provisions of the preneed funeral contract executed for the deceased named above.

_____ The contract was revoked or transferred after the death of the deceased beneficiary. _____ The contracting funeral home provided services.

Financial Inst. / Insurance Co. where funds held _____ located in _____

Account #s/Policy#s & Amounts Paid from each _____

Paid to _____ Date _____

Additional Financial Inst. or Insurance Co. _____ located in _____

Account #s/Policy#s & Amounts Paid (each) _____

Paid to _____ Date _____

Was this an Inflation-Proof Preneed Contract? _____ If YES, calculate Cash Advance portion (unless there were no Cash Advances):

\$ _____ (A) Total of Non-Guaranteed Cash Advances & Sales Tax on NCBFS ISG&S

\$ _____ (B) Total Funeral Service (A+B+C+D+E) on NCBFS ISG&S

(A)/(B) = _____ % (C) The Percentage of non-guaranteed Cash Advances & Sales Tax on this Preneed contract

\$ _____ (D) TOTAL amount the Preneed Trust Account and/or Insurance Policy(ies) paid out At-Need (listed above)

(C) x (D) = \$ _____ The Amount AVAILABLE for AT-NEED Cash Advances and Sales Tax

AVAILABLE \$ _____ (Subtract ACTUAL Cash Advances/Sales Tax from AVAILABLE. If positive, the money is owed to

- ACTUAL \$ _____ to the estate - or purchaser if < \$100. If negative, the family owes amount to the funeral

DIFFERENCE \$ _____ home because the cash advances and sales tax are non-guaranteed.)

REFUND Documentation:

Date: _____ Representative Signature _____