

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:

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2. Cemetery Company Name _____

3. Mailing Address (PO Box accepted) _____

City State Zip Code

4. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED

City State 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. Which of the following distribution methods is the cemetery requesting?
 Net Income distribution method
 Total Return* distribution method

* **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.

- Required Attachments for total return distribution method:**
- | | |
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| <p>1. Copy of the trust instrument;</p> <p>2. Election of distribution method;</p> <p>3. A written investment and distribution policy; and</p> | <p>4. If the perpetual care trust fund is used for more than one cemetery park, attach a Schedule E reporting form and identify each cemetery.</p> |
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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:

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

12. Name of Trustee _____

13. Trustee's Mailing Address _____

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 _____
Compliant Agent

Required Attachments must be included with this application package if requesting approval for a **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 park, attach a **Schedule E Reporting Form** and identify each cemetery.