



NORTH CAROLINA BOARD OF FUNERAL SERVICE

PRENEED FUNERAL CONTRACT – CERTIFICATE OF PERFORMANCE

Pursuant to N.C. Gen. Stat. §§ 90-210.63(c) and 90-210.64(a), any funeral establishment, crematory, or alkaline hydrolysis licensee that accepts the transfer of a preneed funeral contract after the death of the beneficiary shall file the certificate of performance with the Board and mail a copy to the contracting preneed funeral establishment. If the preneed funeral contract is performed by a provider in another state, the original contracting preneed funeral establishment shall make reasonable efforts to obtain the information needed to accurately complete the certificate of performance and shall file the certificate no later than 10 days from the date payment was received or within 10 days from receiving notification that the preneed funeral contract was performed, whichever is earlier.

Submit electronically to: cop@ncbfs.org

Trust: Per N.C. Gen. Stat. § 90-210.64(a) and (c), if the performing and contracting provider are not the same, the performing provider must submit the form to the financial institution that holds the funds in trust. Upon receipt of the certificate of performance, the financial institution shall pay the trust funds to the performing provider.

Insurance: Per N.C. Gen. Stat. § 90-210.64(a) and (c), if the performing and contracting provider are not the same, the performing provider must submit the form to the insurance company, and the insurance company shall pay the insurance proceeds according to the terms of the policy.

If preneed funeral contract is funded with multiple trust accounts and/or insurance policies, submit the certificate of performance within 10 days from the first payment received. Do not submit more than one (1) certificate of performance per preneed funeral contract.

Important notice: If an individual has more than one (1) preneed funeral contract, one (1) certificate of performance must be submitted for each contract.

Name of preneed funeral contract beneficiary: _____

Last four of Social Security No: _____ NCBFS Preneed Funeral Contract No.: _____

Preneed contract date: _____ Date of death: _____ County/State of death: _____

Contracting funeral home: _____ PN Est. No. _____
(preneed funeral establishment where preneed funeral contract was registered at time of decedent’s death)

Address: _____
Street City State Zip

Provider that performed preneed contract (if different from above):

Select license type: _____ Funeral Establishment _____ Crematory or Hydrolysis Licensee

Permit number: _____

Address: _____
Street City State Zip

PRENEED FUNERAL CONTRACT – CERTIFICATE OF PERFORMANCE PRENEED TO AT-NEED WORKSHEET

Name of preneed funeral contract beneficiary: _____

The undersigned, being duly authorized, certifies below that this request for payment complies with Article 13D, Chapter 90, of the North Carolina General Statutes, in that:

(Choose one)

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

_____ The contract was revoked by the purchaser or transferred after the death of the preneed contract beneficiary.

(Choose one)

_____ The original contracting funeral establishment provided funeral goods and services **prior to** the revocation or transfer.

_____ The original contracting funeral establishment provided **no** funeral goods and services **prior to** the revocation or transfer.

Invoice / At-Need Contract Amount: \$ _____ (total retail price of goods / services provided at death)

Funding: (include additional sheets if necessary)

1. Financial Institution/Insurance Company: _____

Address: _____

Paid to: _____

Account / Policy Number: _____ Amount paid: _____ Date paid: _____

2. Financial Institution/Insurance Company: _____

Address: _____

Paid to: _____

Account / Policy Number: _____ Amount paid: _____ Date paid: _____

3. Financial Institution/Insurance Company: _____

Address: _____

Paid to: _____

Account / Policy Number: _____ Amount paid: _____ Date paid: _____

Authorized signature: _____ Date signed: _____

(Representative of Performing Provider)

Was this an inflation-proof contract? _____ **If yes, the contracting funeral home must complete the at-need credit computation *if it also performed the preneed funeral contract*. At-need credit computation: Using the spaces provided below, enter the amounts determined by the Board's *Preneed to At-need Calculator* and available at <https://ncbfs.org/wp-content/uploads/IPCalc2024.pdf>. Please retain a copy of the calculator for your records. **If section not completed, explain why:****

A. Total charges for non-guaranteed preneed cash advance & tax items: \$ _____

B. Total excess funding (insurance proceeds/trust balances in excess of retail cost) on preneed contract date: \$ _____

C. Total amount of funds to either be allocated toward at-need cash advance & tax items or refunded: \$ _____

D. Total at-need balance of cash advances, tax, and additional goods and service items: \$ _____

E. Total amount due funeral home \$ _____

F. Total refund due family/estate \$ _____

Refund date: _____ Check No: _____ (retain copy in preneed file)

Calculator instructions are available at <https://ncbfs.org/wp-content/uploads/COP-IP-Calculator-Instructions-April-2019.pdf>