PRENEED SUBSTITUTION OF FINANCIAL INSTITUTION FORM

North Carolina General Statute 90-210.68(b) provides that a trustee may transfer funds from one approved financial institution to another. The purpose of this form is for a preneed funeral establishment to transfer the individual preneed trust funds to a successive approved financial institution. It shall not be used to transfer a preneed contract to a substitute funeral establishment.

Name of
Preneed Establishment: ____________________________ Preneed Establishment No. ____________

Financial Institution: ________________________________________________________________

____________________________________________________________
Name and address of bank

As authorized by General Statute 90-210.68(b), request is hereby made to close the above preneed funeral account for the purpose of transferring it to a successive financial institution.

Request to close the account associated with the preneed contract for __________________________

Account no. ____________________________ dated ______________

By Licensee: ____________________________________________________________

___ If the contract is revocable, by initialing this line I certify that the purchaser/beneficiary has been notified of the intended transfer.

In compliance with North Carolina General Statute 90-210.68(b) and at the request of the above trustee, trust account number ____________________________ in the amount of $________________________, was paid to the successive financial institution named below on ____________________________, 20___.

Acknowledged by authorized bank representative:

________________________
Signature

It is acknowledged that this transferee financial institution accepts the above amount on ____________________________, 20___, are bound as “financial institution” to the above described preneed funeral contract, have received a copy of the existing preneed contract and agree to adhere to such provisions of General Statutes Chapter 90, Article 13D, as pertains to “financial institutions.”

________________________
Transferee Financial Institution

________________________
Address

Account No. ____________________________ Acknowledged by bank representative: ____________________________

Signature

SEND A COPY OF THIS SUBSTITUTION FORM TO THE BOARD WITHIN TEN (10) DAYS OF TRANSFER

Form PN-4 Approved by the Board of Funeral Service 6/17