## **ALABAMA DEPARTMENT OF INSURANCE**

**Preneed Division** 201 Monroe Street, Suite 502 Montgomery, AL 36130-3351

Signature of Commissioner of Insurance

## APPLICATION FOR SURRENDER OF PRENEED CERTIFICATE OF AUTHORITY

FUR	M ASPCAL (10/2012)
NAME OF PRENEED CERTIFICATE O	F AUTHORITY TO BE SURRENDERED:
PRENEED CERTIFICATE OF AUTHORITY NUMBER TO BE SURRENDERED:	
ADDRESS OF PRENEED CERTIFICAT	E OF AUTHORITY TO BE SURRENDERED:
In Order To Surrender The Existing Prene To The Surrender:	eed Certificate of Authority, The Following Requirements Must Be Met Prior
to the surrender of the certificate. Submis of the certificate holder to surrender its requested below must also be submitted certificate of authority will be the date sign.  The certificate holder must submit to the preneed contract sold.  If the certificate holder has been examine the Commissioner's satisfaction all find includes any fines or invoices due to the Commissioner's the certificate holder must submit to the Commissioner's holder must submit to the Commissioner's holder shall provide the certificate holder for outstanding preneed by life insurance, the certificate holder shall	certificate holder to the Alabama Commissioner of Insurance (Commissioner) prior sion of this application shall be considered notice to the Commissioner of the intent preneed certificate of authority. Together with this application, the documents as attachments to this application. The effective date of surrender of the preneed ned by the Commissioner and as shown below.  Commissioner a copy of its existing trust agreements and copies of each type of each by the Alabama Department of Insurance, the certificate holder must resolve to ings and violations resulting from the examination prior to the surrender. This commissioner.  Commissioner its current preneed certificate of authority.  Commissioner an accounting showing each and every payment received by the contracts and the disposition of the proceeds. If any preneed contracts were funded hall furnish to the Commissioner the name of the insurance company and a listing on each insured: name of insured, policy number and face amount of policy.
The certificate holder agrees to and acknow	ledges the following:
<ul> <li>Commissioner. Provide the date the last provide the certificate holder shall collect and depreneed certificate of authority becoming the trust fund of the certificate holder shall funds have been exhausted.</li> <li>The certificate holder shall provide to the preneed purchaser together with the preneed.</li> <li>The Commissioner shall continue to have preneed contracts that are not fulfilled. The Commissioner deems appropriate.</li> </ul>	deposit into trust all of the funds paid toward preneed contracts sold prior to the inactive.  all be held intact and in trust after the preneed certificate of authority has become be disbursed in accordance with the requirements of the written contracts until the me Commissioner a list setting forth the names and addresses of each and every
	older of any further requirements, if any. The certificate holder hereby certifies that
Signature of Certificate Holder	Date

Date of Surrender of Certificate