



**ALABAMA DEPARTMENT OF INSURANCE**

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

Type of Business (Check appropriate box below)	
<input type="checkbox"/>	Funeral Establishment
<input type="checkbox"/>	Cemetery Authority
<input type="checkbox"/>	Combination Funeral/Cemetery
<input type="checkbox"/>	Third-Party Seller

**PRENEED BRANCH REGISTRATION - SURRENDER APPLICATION  
FORM AL-PNB-S (REVISED 04/2015)**

**MAIL THIS APPLICATION TO:  
ALABAMA DEPARTMENT OF INSURANCE  
P. O. BOX 303351  
MONTGOMERY, ALABAMA 36130-3351**

\_\_\_\_\_  
Name of Preneed Branch Registration to Be Surrendered

\_\_\_\_\_  
BR Number

\_\_\_\_\_  
Address of Preneed Branch Registration to Be Surrendered

\_\_\_\_\_  
Name of Preneed Certificate Holder

\_\_\_\_\_  
COA Number

\_\_\_\_\_  
Address of Preneed Certificate Holder

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address

**In Order To Surrender The Existing Preneed Branch Registration, The Following Requirements Must Be Met:**

- The application must be submitted by the Certificate Holder to the Commissioner of Insurance (Commissioner) prior to the surrender of the preneed branch registration. Submission of this application shall be considered notice to the Commissioner of the intent of the Certificate Holder to surrender its preneed branch registration. Together with this application, the documents requested below must also be submitted as attachments to this application. The effective date of surrender of the preneed branch registration will be the date signed by the Commissioner and as shown below.
- The Certificate Holder must submit to the Commissioner a copy of its existing trust agreements and copies of each type of preneed contract sold.
- If the branch registrant has been examined by the Department of Insurance, the Certificate Holder must resolve to the Commissioner's satisfaction all findings and violations resulting from the examination of the branch registrant prior to the surrender. This includes any fines or invoices due to the Commissioner.
- The Certificate Holder must submit to the Commissioner its current preneed branch registration.
- The Certificate Holder shall provide the Commissioner an accounting showing each and every payment received by the branch registrant for outstanding preneed contracts and the disposition of the proceeds. If any preneed contracts were funded by life insurance, the Certificate Holder shall furnish to the Commissioner the name of the insurance company and a listing which contains the following information on each insured: name of insured, policy number and face amount of policy.

The Certificate Holder agrees to and acknowledges the following:

- The branch registrant shall cease all preneed sales to the public from the date this application is submitted to the Commissioner. Provide the date the last preneed contract was sold by the branch registrant: \_\_\_\_\_. If the preneed branch has closed or ceased doing business, provide the date closed or date business ceased: \_\_\_\_\_.
- Any trust funds deposited into trust on behalf of the branch registrant by the Certificate Holder shall be held intact and in trust after the preneed branch registrant has become inactive, and the funds in that trust shall be disbursed in accordance with the Preneed Funeral and Cemetery Act until the funds have been exhausted.
- The Certificate Holder shall provide to the Commissioner a list setting forth the names and addresses of each and every preneed purchaser together with the preneed purchase price.

**PRENEED BRANCH REGISTRATION – SURRENDER APPLICATION**

- The Commissioner shall continue to have jurisdiction over the inactive branch registrant so long as there are funds in trust or preneed contracts that have not been fulfilled. The Alabama Department of Insurance will require reports and inspect records as the Commissioner deems appropriate.

The Commissioner may impose further requirements in order for the Certificate Holder to surrender the branch registration; the Commissioner will notify the certificate holder of additional requirements, if any. The Certificate Holder hereby certifies that he or she has complied with each of the above requirements.

I, as the Certificate Holder or the representative authorized to sign on behalf of the Certificate Holder, certify that the above information is true and correct to the best of my knowledge and belief. I understand that any person who knowingly presents false or fraudulent information to the Commissioner of Insurance or his representative, willfully fails to timely make deposits to trust, or knowingly withdraws unauthorized funds or assets from a trust may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison or any combination thereof.

\_\_\_\_\_  
Signature of Certificate Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Commissioner of Insurance

\_\_\_\_\_  
Date of Surrender of Branch Registration