



Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 509
Metairie, LA 70002
Telephone 504-838-5267 - Toll Free 1-866-488-5267
Fax 504-838-5289

APPLICATION TO ESTABLISH A MASTER TRUST
(Pursuant to La. R.S. 8:454)

- 1) Name of *Applicant/Trustee*: _____
- 2) Physical Address: _____
City _____ Parish _____ State _____ Zip Code _____
- 3) Mailing Address: _____
City _____ Parish _____ State _____ Zip Code _____
- 4) Contact information of person completing this form to whom information or correspondence regarding this application should be directed:
 - a) Name: _____ Title: _____
 - b) Mailing address: _____
 - c) Telephone Number: _____ E-mail address: _____
- 5) Is the *Applicant/Trustee* name above an individual _____, Partnership _____, Association _____, Trust _____, Corporation _____, Limited Liability Company _____, or Other _____ (specify).
(Check one)
- 6) If a Corporation or Limited Liability Company:
 - a) In what state organized? _____
 - b) If other than Louisiana, are you authorized by the Secretary of State to do business in Louisiana?
YES: _____ NO: _____
 - c) Is the Applicant/Trustee publicly-traded? YES: _____ NO: _____
 - d) Name and address of Registered Agent for Service of Process: _____

- 7) Type of Master Trust *Applicant/Trustee* is applying to establish: Perpetual Care _____ or Merchandise _____
- 8) List the following information on each employee who will be responsible for the administration, collective investment and management of the master trust. (Attach a curriculum vitae for each)

Name: _____ Title or position: _____
Business Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
Telephone Number: _____ E-mail address: _____

Name: _____ Title or position: _____
Business Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
Telephone Number: _____ E-mail address: _____

Name: _____ Title or position: _____
Business Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
Telephone Number: _____ E-mail address: _____

(Attach additional sheets if necessary)

- 9) List the following information for each entity wishing to participant in the Master Trust:
Name of Cemetery Authority or (Other Entity): _____
Principal balance of trust fund as of the most recent monthly trust statement: \$ _____
Contract Person: _____ Title or position: _____
Telephone Number: _____ E-mail address: _____

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Principal balance of trust fund as of the most recent monthly trust statement: \$ _____
Contract Person: _____ Title or position: _____
Telephone Number: _____ E-mail address: _____

(Attach additional sheets if necessary)

- 10) Have there been any judgments against the Applicant/Trustee or its officers and or directors the subject of a pending criminal prosecution or governmental enforcement action in any jurisdiction? YES: _____ NO: _____
- 11) Has the *Applicant/Trustee* or its officers and directors had a license, registration or the equivalent, to practice any profession or occupation, or to engage in, operate or conduct any business, denied, revoked, suspended, or otherwise acted against?
YES: _____ NO: _____

IMPORTANT: FOR EVERY "YES" ANSWER TO QUESTIONS 10, & 11 ABOVE, ATTACH DETAILS AND PROVIDE COPY OF ALLEGATIONS - ALSO PROVIDE DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).

CERTIFICATION

This application is hereby made for the establishment of a Master Trust, as provided for in R.S. 8:454 for the purpose of the collective investment and administration of each participant's trust funds. I/We hereby affirm that the information contained herein and attached hereto is true and correct and acknowledge that Applicant/Trustee must administer said Master Trust pursuant to the provisions of Title 8 and the Rules and Regulations of the Louisiana Cemetery Board. ***This application must be executed by an authorized representative of the Applicant/Trustee.***

Name of Applicant/Trustee

Signature/Title

PLEASE RETURN THIS FORM TO:
Louisiana Cemetery Board
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Metairie, LA 70002