



**Michael Watson**  
SECRETARY OF STATE

## INSTRUCTIONS FOR APPLICATION FOR REGISTRATION OR RENEWAL OF PRENEED ESTABLISHMENT

### MISSISSIPPI SECRETARY OF STATE'S OFFICE

Post Office Box 136 Jackson, MS 39205-0136

Phone: 601-359-9055 Fax: 601-576-2546

Website: [www.sos.ms.gov](http://www.sos.ms.gov)

Registration is now available online at [www.sos.ms.gov/preneed](http://www.sos.ms.gov/preneed).

A registration of a Preneed Establishment in Mississippi is valid for one (1) year from March 31<sup>st</sup> of the current year. Establishments seeking to have their registration renewed must submit the renewal application on, or prior to, March 31<sup>st</sup> each year. This form must be notarized and submitted WITH the appropriate fee.

### General Instructions

- Please type or print all information legibly within the boxes provided. If there is insufficient space within the boxes, please attach additional pages to your application.
- Where the question requires a choice, please print or check the appropriate box.
- All dates must be entered in the MM/DD/YYYY format (for example, January 4, 2008 should be entered as 01/04/2008).
- **Section A: Establishment Information**
  - Please provide the full legal name of the business. Provide the business' preneed registration number (nine digits beginning with 12). **Complete all items in Section A.**
  - List the names of all branches of the establishment with their address, telephone number and fax number (additional pages may be added if necessary).
  - Provide the names of all preneed sales agents (additional pages may be added if necessary).
  - Check the appropriate box for the type of preneed funding the establishment uses (i.e. trust, insurance, combined insurance/trust or warehouse receipt) and complete either section 13(a) for trust or 13(b) for insurance.

- **Section B: Annual Report**

- **Number 1** - Please provide the number of preneed contracts **Sold** during the prior calendar year (January 1<sup>st</sup> through December 31<sup>st</sup>) and the total retail contract dollar value. Complete lines (a) through (d) for each funding type used.
- **Number 2** - Please provide the total amount **submitted** to trust from January 1<sup>st</sup> through December 31<sup>st</sup>.
- **Number 3** - Please provide the number of preneed contracts **Serviced** during the prior calendar year (January 1<sup>st</sup> through December 31<sup>st</sup>) and the total contract retail dollar value. Complete lines (a) through (d) for each funding type used. This is to include contracts that you service as a substitute provider.

- **Section C - Attestation - Please INITIAL boxes that apply**

- INITIAL the first box stating you understand you must have all preneed contract forms approved by the Secretary of State's Office prior to using them. **(If you are an initial registrant or if using new forms, provide an original copy of the contract)**
- INITIAL the second box **only** if selling trust funded preneed contracts. This states you understand your trust agreement must be approved by the Secretary of State's Office prior to selling trust funded preneed contracts. **(If you are an initial registrant or if opening a new trust account, provide a copy of the proposed trust agreement for review by our Office.)**
- INITIAL the third box **only** if selling trust-funded preneed contracts. This states you understand the percentage of each payment must be remitted to trust and the deadline for submission to trust.
- INITIAL the fourth box **only** if selling insurance funded preneed contracts. This states you understand each insurance payment received for a preneed contract must be remitted to the insurance company in a timely manner.

- **Section D: Preneed Agent Registration**

- **Complete this section ONLY if you are adding, dropping, or changing an agent's information:** Check the appropriate box stating whether the establishment is adding a preneed agent, dropping a preneed agent or changing a preneed agent's information. Provide the business preneed registration number, mailing address, physical address, telephone number(s), fax number, email address, website address, contact person, and contact person's telephone number.
- Please provide the agent's name, mailing address, physical address, telephone number, and fax number. Also, list all establishments for which the agent is registered and the address and phone number (for example, if an agent sells for several locations, list all).

- **Section E: Certification and Notarization (complete this section each time you submit this form)**

- This section should be completed by an authorized officer, LLC member, or any owner with 10% or more ownership in the business and must be notarized.
- **NOTE:** The notary must be someone other than the principal or authorized officer; is not a party to or named in the document that is to be notarized; is not a spouse, ancestor, descendant, or sibling of the principal, including in-law, step, or half relative and other persons residing in the same household. (Source: Notary Rules and Regulations).



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## PRENEED REGISTRATION AND ANNUAL REPORT INCLUDING AGENT REGISTRATION

Mail to: Secretary of State, Preneed Registration, Post Office Box 136, Jackson, MS 39205-0136  
Phone: 601-359-9055; Fax: 601-576-2546  
Website: www.sos.ms.gov

**Check the box(es) below to indicate the purpose(s) for which you are using this form:**

<b>New Registration (\$250.00):</b> <input type="checkbox"/> Complete All Sections	<b>Renewal Registration (\$50.00) &amp; Annual Report:</b> <input type="checkbox"/> Complete Sections A, B, C, & E.
<b>Update/Amend Registration Info.:</b> <input type="checkbox"/> Complete Sections A, B, C, & E	<b>Preneed Agent Registration:</b> Add: <input type="checkbox"/> Drop: <input type="checkbox"/> Complete Sections D & E. Name/Address Change: <input type="checkbox"/>

**NOTE:** This form must be filed each year for the prior year ending December 31st. IT MUST BE POSTMARKED ON OR BEFORE MARCH 31<sup>st</sup>. You are reporting for the calendar year ending December 31, \_\_\_\_ . Pursuant to state law, the Secretary of State's Office **shall** impose an administrative fine totaling One Hundred Dollars (\$100) per day for each day this form is late. *Completing this form satisfies both your registration renewal and annual report filing requirements.*

### SECTION A: (PLEASE TYPE OR PRINT)

- Full Legal Business Name: \_\_\_\_\_
- Any other name(s) used (i.e. d/b/a or trade names): \_\_\_\_\_
- Preneed Registration Number: \_\_\_\_\_
- |                 |       |       |          |
|-----------------|-------|-------|----------|
| _____           | _____ | _____ | _____    |
| MAILING ADDRESS | CITY  | STATE | ZIP CODE |
- |                                 |       |       |          |
|---------------------------------|-------|-------|----------|
| _____                           | _____ | _____ | _____    |
| PHYSICAL ADDRESS (If Different) | CITY  | STATE | ZIP CODE |
- Telephone Number (s): \_\_\_\_\_ Fax Number (s): \_\_\_\_\_
- Alternative phone number (cellular, additional business line, etc.): \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Website Address (if applicable): \_\_\_\_\_
- Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
- Please list all branch locations, chapels and crematoriums with addresses and telephone numbers that exist as branches under this registration (Attach an additional page, if needed):  
 Branch Name: \_\_\_\_\_  

_____	_____	_____	_____
MAILING ADDRESS	CITY	STATE	ZIP CODE

 Telephone Number (s): \_\_\_\_\_ Fax Number (s): \_\_\_\_\_  
 Branch Name: \_\_\_\_\_  

_____	_____	_____	_____
MAILING ADDRESS	CITY	STATE	ZIP CODE

 Telephone Number (s): \_\_\_\_\_ Fax Number (s): \_\_\_\_\_

12. List all preneed sales agents sponsored by your business (Attach an additional page, if needed).

Empty text boxes for listing preneed sales agents.

13. How are your preneed contracts funded?

Trust:  Insurance:  Insurance/Trust Combined:  Warehouse Receipt:

a. If funded by trust, name and address of the Trust Officer:

Form fields for Trust Officer: NAME, TELEPHONE NUMBER, TITLE AND INSTITUTION, IF APPLICABLE, MAILING ADDRESS, CITY, STATE, ZIP CODE.

Email Address of Trust Officer:

b. For insurance-funded, list all insurance carriers your business represents (Attach an additional page, if needed):

Form fields for insurance carriers: COMPANY NAME, TELEPHONE NUMBER, MAILING ADDRESS, CITY, STATE, ZIP CODE.

**SECTION B: ANNUAL REPORT FOR THE PRIOR CALENDAR YEAR**

1. How many preneed contracts, by type, were **sold** during the prior calendar year?

Table with 2 columns: Type of funding, and two columns for Number Sold and Total Contract Dollar Value. Rows include Solely by Trust, Insurance/Annuity, Combination of Insurance and Trust, and Warehouse Receipt.

2. If you have trust funded preneed, what was the total amount **submitted** to trust as of December 31st?

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3. How many preneed contracts, by type, were **serviced** during the prior calendar year?

Table with 2 columns: Type of funding, and two columns for Number Serviced and Total Contract Dollar Value. Rows include Solely by Trust, Insurance/Annuity, Combination of Insurance and Trust, and Warehouse Receipt.

**SECTION C: ATTESTATIONS (INITIAL WHERE APPLICABLE)**

I understand that I must obtain approval from the Secretary of State's Office for all contract forms used for preneed sales. (If you are an initial registrant or before using new forms, please provide an original of the contract you propose to use with this registration.)

I understand if I sell trust-funded preneed, I must have a written trust agreement that has been approved by the Secretary of State's Office.

I understand eighty-five percent (85%) of funds paid for services and merchandise by trust-funded customers must be remitted to the trustee no later than the fifth (5<sup>th</sup>) day of the following month from when the funds are received.

I have verified insurance premiums paid by customers and received into this preneed establishment were remitted to the insurer in a timely manner.

