

Kansas Secretary of State, Audit Manager:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue audit@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

Instructions are for your use only. Do not submit with reports.

This form must be filled out after every quarter's end for **each** merchandise trust account. Use one form per account. Include a quarterly bank statement for each account.

<p>1. Trustee</p>	<p>K.S.A. 16-320(i) A bank, savings and loan association, savings bank or credit union organized under the laws of this state with the authority to provide trust services; a federally chartered bank, savings and loan association, savings bank or credit union having a physical location within the state of Kansas and the authority to provide trust services; or a trust company organized under the laws of this state.</p>
<p>2. Trustee address</p>	<p>Physical and/or mailing address of trustee</p>
<p>3. Account name</p>	<p>Account name = name of cemetery merchandise trust fund (should include name of cemetery)</p>
<p>4. Account number</p>	<p>Account number must be listed for each cemetery merchandise trust account</p>
<p>5. Quarter/Year</p>	<p>K.S.A. 16-321(f) 1st quarter = Jan, Feb, Mar report due by Apr 30 2nd quarter = Apr, May, June report due by Jul 30 3rd quarter = July, Aug, Sept report due by Oct 30 4th quarter = Oct, Nov, Dec report due by Jan 30</p>
<p>6. Deposit and withdrawal information</p>	<p>K.S.A. 16-322 a. Total deposits to principal = all deposits made to trust for that quarter b. Total withdrawals from principal = all withdrawals for deliveries or cancellations for that quarter c. Total Interest = all interest earned by the fund that quarter d. Total dividends = all dividends earned by the fund that quarter e. Total Income = interest + dividends + any other income earned that quarter</p>
<p>7. Fill out completely</p>	<p>Please fill in all fields of form.</p>

**Form
TMD**

**KANSAS SECRETARY OF STATE
Preneed Merchandise and Burial
Products or Services Trustee Deposit
and Withdrawal Form Cover Sheet**

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THIS SPACE FOR OFFICE USE ONLY.

Directions: Within 30 days following the end of each quarter, the trustee shall submit a report of all deposits and distributions from the cemetery merchandise trust fund. The report shall be in a form and manner prescribed by the Secretary of State. Attach this form to Trustee's quarterly or monthly statements with line item detail. Remit to the address listed above.

1. Trustee			
2. Trustee Address	Address		Phone
	City	State	Zip
3. Account name <small>(include cemetery name)</small>			
4. Account number		5. Quarter/Year	
6. Deposit and withdrawal information	a. Total Deposits	\$	
	b. Total Withdrawals	\$	
	c. Total Interest	\$	
	d. Total Dividends	\$	
	e. Total Income	\$	
	f. Capital Gains (or Losses)	\$	

7. I do hereby certify under penalty of perjury and pursuant to the laws of the state of Kansas that the information contained in this report and supplied in any attachments thereto is true and correct.

Printed Name of Trustee	Title	Email	
Signature of Trustee	Month	Day	Year
X			

