

This registration form shall be accompanied by payment of a \$30 non-refundable registration fee. Make check or money order payable to "Commissioner of Insurance, State of Alabama." All requirements for registration must be satisfied within 45 days from date of request by the Commissioner. An individual may begin functioning as a Preneed Sales Agent (PSA) as soon as a completed application for registration is submitted to the Commissioner by the Sponsoring Preneed Certificate Holder. The registration, unless disapproved, will be issued for the remainder of the license year, which ends June 30 each year. Certificate Holders must notify the Commissioner within 30 days after any individual's status as a PSA has been terminated. On or after May 15th of each year, the Certificate Holder must renew all PSAs who were active on April 30th. Renewal of PSAs must be performed on-line at www.nipr.com.

PART A (TO BE COMPLETED BY THE SPONSORING PRENEED CERTIFICATE HOLDER) - PLEASE TYPE or PRINT CLEARLY

I hereby affirm that the Preneed Sales Agent (PSA) applicant described in this application is authorized to offer, sell, and sign preneed contracts on behalf of the Preneed Certificate Holder identified in this application and that the applicant has been trained in the provisions of Chapter 17A of Title 27, Code of Alabama 1975, as it relates to PSAs, preneed sales, preneed contracts, penalties for violations and the nature of merchandise, services, and burial rights sold by this Certificate Holder.

Name of Preneed Certificate Holder: _____

FEIN: _____ Company Certificate Number: _____

Address: _____
Street or P.O. Box City State Zip Code

Name of Authorized Signer for Preneed Certificate Holder: _____

Authorized Signer's Phone Number _____

Authorized Signature for Preneed Certificate Holder: _____ Date: _____

PART B (TO BE COMPLETED BY THE PSA APPLICANT) - PLEASE TYPE or PRINT CLEARLY

Name of PSA Applicant: _____

List any other names by which you have been known (maiden name, alias, etc.):
_____PSA License Number*: _____ Social Security No.: ____ - ____ - _____ Date of Birth: _____
*if already registered in Alabama Month Day YearAddress: _____
Street (no P.O. Box) City State Zip Code TelephoneMailing Address,
if different: _____
Street or P.O. Box City State Zip Code Email Address

I hereby affirm, under penalty of perjury, that all of the information submitted in this application, including the answers to the questions on page two, the citizenship declaration on page two and any supporting documentation attached hereto, is true and correct and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for the revocation of the registration and may subject me to civil and criminal penalties. By signing below I also acknowledge that I have read and been trained in the provisions of Chapter 17A of Title 27, Code of Alabama 1975, as it relates to PSAs, preneed sales, preneed contracts, penalties for violations and the nature of merchandise, services, and burial rights sold by the above-named Preneed Certificate Holder and that I meet the requirements set forth in said law as a PSA.

Signature of PSA Applicant: _____ Date: _____

The Preneed Sales Agent (PSA) applicant must carefully read each of the following questions and indicate his or her answer as "Yes" or "No" in the space indicated. **For each "Yes" answer to questions 1, 2, 3, or 4, you must attach a written explanation providing details and documentation of the final disposition of the case(s).**

1. Have you ever been convicted of, had a judgment withheld or deferred, or are you currently charged with, committing a crime? Yes ___ No ___

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic charges and juvenile adjudications. "Convicted" includes, but is not limited to, having been found guilty by verdict or a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence, or a fine.

If you answer yes, you **MUST ATTACH** to this application:

- a.) a written statement explaining the circumstances of each incident,
- b.) a copy of the charging document, and
- c.) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. If your answer to number 1 above was "yes", did the conviction or charge in question relate, in any way, to the funeral or cemetery business? Yes ___ No ___

3. Are you the subject of any pending governmental enforcement actions in any jurisdiction? Yes ___ No ___

4. Have you ever had a license (or its equivalent) to practice any profession or occupation denied, suspended or revoked, or otherwise acted against? Yes ___ No ___

5. Are you now or have you ever been licensed as an insurance agent or insurance broker in the State of Alabama? Yes ___ No ___

If so licensed in the last 5 years, please indicate your license number _____

6. Are you registered as a preneed sales agent on behalf of any preneed certificate holder(s) other than as indicated on page one of this application? Yes ___ No ___

If the answer is yes, attach a copy of written consent (on company letterhead) from all certificate holder(s)? Yes ___ No ___

If so, please indicate the names of the other certificate holder(s) (attach additional sheets if necessary):

In accordance with the **Beason-Hammon Alabama Taxpayer and Citizen Protection Act**, evidence of the applicant's citizenship, (driver's license,) or lawful permanent residence must accompany this PSA application.

[] I declare that I am a citizen of the United States.

[] I declare that I am not a citizen of the United States but that I am lawfully present in the United States and am eligible to receive state or local public benefits.

Signature of PSA Applicant: _____ Date: _____

INSTRUCTIONS:

1. **PLEASE TYPE OR PRINT.** Registration of Preneed Sales Agents (PSA) must be on Form AL-PNS-4 (01/2016). This form may be reproduced.
2. **All signatures on the form must be original. No photocopies or facsimiles of signatures will be accepted.**
3. The PSA applicant must complete Part B of this form before the Preneed Certificate Holder completes Part A. If the PSA applicant has previously registered in the State of Alabama and already issued a PSA License Number, please indicate the number. If not, please leave blank and a number will be assigned.
4. After the PSA applicant has completed Part B, an authorized signor of the Preneed Certificate Holder must then complete Part A. The Certificate Holder must carefully review the Applicant's answers to all questions, along with any and all attachments. Please note that an authorized signor of the Certificate Holder must sign the statement indicating that the PSA applicant "has been trained in the provisions of Chapter 17A of Title 27, Code of Alabama 1975, as it relates to PSAs, preneed sales, preneed contracts, penalties for violations and the nature of merchandise, services and burial rights sold by this Certificate Holder."
5. Please attach a company check or money order in the amount of \$30, which is a non-refundable registration fee, payable to "Commissioner of Insurance, State of Alabama." The application will be returned without processing if not accompanied by the fee indicated. Multiple applications may be submitted together with one check for all combined fees.
6. Include evidence of citizenship, such as a driver's license, or evidence of lawful presence in accordance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act. It may also be submitted online: <https://aldoi.gov/LicenseeCZ/Initial.aspx>. For further details visit:
7. MAIL the completed application to: Alabama Department of Insurance
Accounting Division
P.O. Box 303351
Montgomery, AL 36130-3351