



ALABAMA DEPARTMENT OF INSURANCE

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

Type of Business Being Transferred (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 – TRANSFER APPLICATION
FORM AL-PNB-T (REVISED 01/2016)**

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

Name of Transferring Certificate Holder

COA #

Name of Preneed Branch to Be Transferred

BR Number

Address of Preneed Branch to Be Transferred

Telephone Number

E-Mail Address

Name of Transferee

Address of Transferee

Telephone Number

E-Mail Address

A transfer fee of \$120.00 must accompany this application.

Type of Transfer: Branch Registrant to New Branch Registrant Branch Registrant to New Certificate Holder

In Order to Transfer the Existing Preneed Branch Registration, the Following Requirements Must Be Met Prior to the Transfer:

- Is the Transferee already in the preneed funeral, cemetery or third-party seller business? Yes No. If Yes, does the Transferee have an existing preneed certificate of authority? Yes No . If Yes, under what name and COA Number does the Transferee operate its preneed business? Name _____ COA No. _____
What is the Transferee? Funeral Establishment Cemetery Authority Combination Funeral/Cemetery Third-Party Seller
If No, the Transferee must apply for a certificate of authority; is the application attached? Yes No. Transfer cannot be processed until received.
- If the Transferee is already in the preneed business, how does the Transferee intend to operate the transferred entity?
 Branch Registrant New COA Operating under a common business enterprise. If the entity will be a Branch Registrant or a new COA, is the appropriate application attached? Yes No. If required, but not included with this application, the transfer will not be processed until received.

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- Will the Transferee operate the transferred entity as a part of a common business enterprise, with a name other than that of the common business enterprise, and register the entity as its branch registrant? Yes No. If Yes, what name will the transferred entity operate under? _____
- Will the Transferee operate the transferred entity under its original name? Yes No. If No, explain on a separate page.
- If the Transferee is not already in the preneed business, please provide an explanation as to how the Transferee intends to comply with Section 27-17A-11, Code of Alabama 1975 on a separate page.
- What was the method of funding for the preneed contracts sold by the entity being transferred (check all that apply)?
 Trust Fund Insurance Policies Letter of Credit Surety Bond
- What method of funding will be used after the date of transfer for preneed contracts?
 Trust Fund Insurance Policies Letter of Credit Surety Bond
- The Transferee should explain on a separate sheet of paper the procedures to be used in protecting the existing preneed funds of the entity being transferred, i.e., if the existing preneed funds are in a trust, will that existing trust be maintained or will the existing preneed funds be transferred to the trust of the transferee, etc.? The explanation will depend upon the funding methodology of the existing entity and the funding methodology of the transferee, but the explanation should be full and complete.
- Does the Transferee intend to notify existing preneed contract holders of the transfer of their preneed contracts?
 Yes No. If Yes, how will the notification be made? _____
 If No, explain why not on a separate page.
- Attach a copy of the asset purchase agreement.

The Commissioner may impose further requirements in order for the Certificate Holder to transfer its branch registration and the Commissioner will notify the Certificate Holder of further requirements, if any. The Commissioner may impose further requirements on the Transferee and will notify the Transferee of further requirements, if any. The Certificate Holder and Transferee hereby certify that he or she has complied with each of the above requirements.

I, as the transferring Certificate Holder or the representative authorized to sign on behalf of the transferring Certificate Holder, certify that the above information is true and correct to the best of my knowledge and belief. I, as the Transferee or the representative authorized to sign below on behalf of the Transferee, certify that the above information is true and correct to the best of my knowledge and belief. We both 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 Transferring Certificate Holder Date

Signature of Transferee Date

Print Name

Print Name

Signature of Commissioner of Insurance

Date Branch Transfer Approved

For updates and other information, please visit www.aldoi.gov/preneed.