DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0361

NOTICE OF NON-RENEWAL OF PRENEED LICENSE

This form is to notify the Department, if a preneed licensee is NOT renewing the preneed license. A preneed licensee that does not renew its license has obligations pursuant to Section 497.465, F.S., and Rule 69K-5.0025, F.A.C., including:

1. The preneed licensee will cease all new preneed sales as of the expiration date shown below.
2. For any preneed payments received by the preneed licensee from customers after the license expiration date, relating to preneed contracts sold prior to the preneed license expiration date, the preneed shall place 100% of such payments into a preneed trust under chapter 497, F.S.

Section 1. PRENEED LICENSEE INFORMATION

1A. Preneed licensee name: _____

1B. Preneed licensee license number: _____

1C. Preneed license expiration date (*mm/dd/yyyy*): _____

Section 2. PRENEED CONTRACTS INFORMATION

Check one:

☐ After the expiration date, the preneed licensee will continue to honor, on an as-needed basis, the preneed contracts it sold prior to the expiration date.

☐ Responsibility for honoring the preneed licensee's preneed contracts has been or will be assigned by the preneed licensee identified in Section 1A. to the following preneed licensee, who has accepted such assignment and responsibility:

Preeneed licensee name: _____

License number: _____

Section 3. PRENEED LICENSEE SIGNATURE

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

I hereby submit the following notice of non-renewal of the above listed preneed license and the facts stated in it are true to the best of my knowledge and belief.

_____ _____

Signature of Preneed Licensee Representative — Date Signed

_____

Print name of Preneed Licensee Representative

Mail completed form to:

Division of Funeral, Cemetery, and Consumer Services
Revenue Processing Office
P.O. Box 6100
Tallahassee, FL 32314-6100