



## Endowment Care Cemetery Election to Use Total Return Distribution

Use this form to make an initial election or to make a change to an election to use Total Return Distribution. This form must be sent at least 60 days prior to the effective date of the election.

Submit online: [dol.wa.gov/business/funeralcemetery](http://dol.wa.gov/business/funeralcemetery)

Or mail this completed form and any supporting documents to:

**Funeral and Cemetery Board  
Department of Licensing  
PO Box 9012  
Olympia WA 98507-9012**



Must include these documents:

- A written investment and distribution policy
- An amended endowment care trust agreement
- Any supporting documents such as end of fiscal year depository statements

You will receive notification that this application has been received. Consider this application approved unless you are contacted by the Board within 30 days of its receipt.

For questions or language help call: 360.664.1575

Type of election		
<input type="checkbox"/> Initial election to use Total Return Distribution		
<input type="checkbox"/> Change distribution percentage		
<input type="checkbox"/> Change election to Net Income Distribution		
<b>PRINT or TYPE</b> Full name of applying firm		
Street address		
City	State	ZIP code
Applicant name ( <i>Last, First, Middle initial</i> )		
10-digit phone number	Email address	
Names of trustees		
Fiscal year beginning date	Election effective date	
Total Return Distribution Percentage		
<i>Distribution is limited to 4% during the first 12 months of election to Total Return</i>		
Average fair market value of endowment care fund		
\$		

Calculate the average fair market value of your endowment care fund.

Provide supporting documents such as depository statements or other documents to verify amounts entered.

**Cemetery**

TYPE or PRINT Name of cemetery
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**Calculations**

	2 years prior	1 year prior	Current year
Beginning market value For each year listed			
	+	+	+
Deposits to trust			
	-	-	-
Extraordinary distributions			
	=	=	=
Fair market value			
Average fair market value			

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

_____	TYPE or PRINT Name
_____	<b>X</b>
Date and place	Signature of Cemetery Authority Principal Officer <b>AND/OR</b>
_____	TYPE or PRINT Name
_____	<b>X</b>
Date and place	Signature of Endowment Care Trustee

**Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the state of Washington.**