

ANNUAL TRUSTEE REPORT
(Hawaii Revised Statutes §441-44)

GENERAL INFORMATION AND INSTRUCTIONS

This annual report is required pursuant to section 441-44, Hawaii Revised Statutes (HRS). If the information requested cannot fit in the space provided, please indicate so and attach additional pages.

This annual report must be completed by the trustee that is on file with the Department of Commerce and Consumer Affairs, for the licensee. If the trustee is a trust company or bank (corporate trustee), the trust officer who is the fiduciary agent directly responsible for asset management and safekeeping of the trust shall complete this report. If a Board of Trustees, one member may complete the report but all Board members shall sign this report. Failure to complete this report in its entirety and as instructed, will constitute a violation of section 441-44, HRS. Appropriate action may therefore be taken for non-compliance.

This annual report shall be filed with the Director of the Department of Commerce and Consumer Affairs, at the address below, **60 days** after the end of the licensee's fiscal year. This report shall cover the preceding fiscal year.

Mail the completed report to:

Cemetery and Funeral Trust Program
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, Hawaii 96801

OR

Deliver to office location:

335 Merchant Street, Room 301
Honolulu, Hawaii 96813
Phone: (808) 586-3000

1. Name of the trust: _____

2. This annual trustee report is for the fiscal year ending: _____

3. Full legal name & title of person completing this annual report: _____

Person completing this report is a: (Check appropriate classification)

Trust Officer of Corporate Trustee Designated Board Member

4. Principal address of person completing this report:

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail address: _____

5. Location of the Corporate Trustee or Board of Trustee's ("Trustee") business records:

City: _____ State: _____ ZIP: _____

6. Designated name(s) of trust account(s) and account number(s) for each trust account and location of trust account(s).

(CONTINUED ON PAGE 2)

Name of Trust: _____

	<u>Principal</u>	<u>Income</u>	<u>Total</u>
7. The balance in the trust account(s) as of the start of the fiscal year:	_____	_____	_____
8. Total amount of deposits to principal:	_____	_____	_____
9. Total amount of income:	_____	_____	_____
10. Total amount of withdrawals from principal:	_____	_____	_____
11. Total amount of expenses paid:	_____	_____	_____
12. The amount of realized capital gains and losses during the fiscal year:	_____	_____	_____
13. The amount of unrealized gains and losses during the fiscal year:	_____	_____	_____
14. The balance in the trust account(s) as of the end of the fiscal year:	=====	=====	=====
15. Principal at the end of the year consisted of:			
a. Net realized capital gains and losses:	_____		
b. Principal deposits:	_____		
c. Net unrealized gains and losses:	_____		
d. Total principal at the end of the year:	=====		

NOTE: Line 14 must equal Line 15d.

16. The trustee has complied with section 441-37, HRS Yes No
17. The trustee has complied with section 441-38, HRS Yes No
18. The trustee has complied with section 441-39, HRS Yes No
19. The trustee has complied with section 441-40, HRS Yes No
20. The trustee has complied with section 441-41, HRS Yes No
21. The trustee has complied with section 441-42, HRS Yes No
22. The trustee has complied with section 441-43, HRS Yes No
23. *Please be advised that the trustee is required to report violations by any party including but not limited to the cemetery or pre-need funeral authority, custodian of the fund(s), investments advisors, brokers agents, attorneys, accountants and appraisers of Chapter 441, HRS and/or Chapter 16-75 Hawaii Administrative Rules.*

Is the trustee aware of any violations of Chapter 441, HRS and/or Chapter 16-75 Hawaii Administrative Rules, by any party? Yes No

IF "YES", please attach a separate sheet describing all information known to the trustee.

Annual Trustee Report for the Fiscal Year Ending: _____, **20** _____

Name of Trust: _____

CERTIFIED STATEMENT

Under the penalties of perjury, I affirm that I have examined this annual report and any accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete. I also affirm that:

- (1) All documentation required by Hawaii Revised Statutes and Hawaii Administrative Rules was properly submitted by the licensee pursuant to law, prior to any withdrawal, distribution or disbursement of any trust principal or income by trustee;
- (2) No monies were provided to the licensee representing cancellations that could not be verified;
- (3) The corporate trustee or members of the board of trustees continue to be authorized to do business in this State and to refrain from having any affiliation with the licensee.
- (4) Trustee has complied with all provisions of Hawaii Revised Statutes Chapter 441 and Hawaii Administrative Rules Chapter 16-75.

I understand that false statements made under oath in this annual report may result in civil and/or criminal penalties.

I am authorized to make and sign this statement on behalf of the Trustee.

Signature of Trust Officer or Designated Board Member: _____

Date: _____

Signature of Trustee(s):

Print Name and Title:

