



# CEMETERY

## ENDOWMENT CARE TRUST DISTRIBUTION SELECTION FORM

1. This form is for notification to the Division only. A separate, written notification should be provided to the trustee(s). ORC 1721.21(K)(2)(a)
2. This form is to be used by cemeteries selecting the distribution method for their endowment care trust pursuant to ORC 1721.21(J) & (K). This form must be typewritten or printed legibly in black ink.
3. If a cemetery has more than one Endowment Care Trust account a separate distribution selection form must be filed for each trust fund.
4. If the owner/operator has more than one cemetery, a separate distribution selection form must be filed for each cemetery.
5. This form is not effective unless properly completed. Once complete, your distribution selection will be valid beginning the next calendar year.

This selection shall remain in effect unless the cemetery notifies the trustees and Division of its desire to effect a change.

☐ **NET ORDINARY INCOME DISTRIBUTION**

OR

☐ **UNITRUST DISTRIBUTION**

**Amount of distribution** \_\_\_\_\_

Not to exceed 5% of the fair market value of the endowment care trust

**DISBURSEMENTS WILL BE MADE:** \_\_\_\_\_ **(select one:**  
**monthly/quarterly/semiannual/annual).**

1. OWNER/OPERATOR INFORMATION	FILE NUMBER	NAME	
2. CEMETERY INFORMATION	FILE NUMBER	NAME	
3. ACCOUNT INFORMATION	ACCOUNT NUMBER	FINANCIAL INSTITUTION WHERE ACCOUNT IS HELD	
	FINANCIAL INSTITUTION'S FISCAL YEAR BEGINS DATE	FINANCIAL INSTITUTION'S FISCAL YEAR END DATE	
4. TRUSTEE(S) INFORMATION	NAME(S) OF 3 INDIVIDUAL TRUSTEES	NAME OF TRUST COMPANY	PHONE NUMBER(S)

<b>5. OPERATOR CONTACT INFORMATION</b>	NAME		PHONE NUMBER		
	STREET ADDRESS				
<b>6. CURRENT OPERATOR MAILING ADDRESS</b>	CITY		COUNTY	STATE	ZIP CODE

- ☐ I CERTIFY THAT I AM AUTHORIZED TO MAKE AND FILE THIS ELECTION ON BEHALF OF THE CEMETERY ASSOCIATION.
- ☐ I CERTIFY THAT THE TRUSTEE(S) OF THE TRUST HAVE BEEN PROVIDED WRITTEN NOTICE IF A UNITRUST DISTRIBUTION HAS BEEN CHOSEN.

\_\_\_\_\_  
PRINT NAME OF AUTHORIZED AGENT

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT

\_\_\_\_\_  
DATE

NOTICE: Section 2921.13 of the Revised Code makes the providing of a false statement to a government official or public agency subject to criminal sanctions.