



State of Arkansas

Arkansas Cemetery Board

Request to Transfer Perpetual Care Trust Fund Principal by One Trustee

Name of Cemetery: _____
Name of Trustee: _____

Sending Bank: _____
Name on Sending Account: _____
Sending Account Number: _____

Amount to Transfer: \$ _____

Receiving Bank: _____
Name on Receiving Account: _____
Receiving Account Number: _____

Reason for Transfer: _____

(Trustee Signature) (Date)

(Arkansas Securities Commissioner) (Date)