



# 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)