

LICENSEE Instructions:
On the FUNERAL OR BURIAL FUNDS CONFIRMATION you will need to:

- Complete a separate form for each Independent Trustee
- Complete the Name of Licensee Information
- Sign the Authorized Signature Line.

It is required that you return the signed original of the Confirmation Form to:



**Office of the Comptroller
CCBT Bank Confirmation
100 W. Randolph St., Suite 15-500
Chicago, IL 60601
Toll free Hotline 1-877-203-3401**

Bank/Depository Information:

Name of Bank/Depository	Street Address	City	State	Zip Code
County	Contact Person	Phone Number	Fax Number	
Name of Licensee	License Number		Authorized Licensee Signature	

Dear Bank Official:

Pursuant to the provisions of the Illinois Funeral or Burial Funds Act (225 ILCS 45), the undersigned Cemetery Care & Burial Trust Division Auditor is conducting an examination of funeral or burial funds as of _____, 20____.
Month/Day Year

To complete this examination, the Office of the Comptroller will need certain statements and other data showing the condition of the trust fund accounts held by this license under the Act. Your prompt return of this inquiry will be appreciated.

Sincerely,

Daniel W. Hynes
Illinois State Comptroller

You are authorized to give this information to the Comptroller.

At the close of business on _____, 20____, our records show that the balances listed reflect the account balances of the above named licensee.

_____ Authorized Bank/Depository Contact Signature	_____ Name of Bank/Depository	____/____/____ Date
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