

**Notice of Transfer of  
Preneed Business  
(523A)**



**Iowa Insurance Division  
Securities and Regulated  
Industries Bureau  
1963 Bell Avenue, Suite 100  
Des Moines, IA 50315**

Date of Agreement: \_\_\_\_\_

**SELLER** - Legal Entity Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preneed License Number: \_\_\_\_\_

FEIN Number: \_\_\_\_\_

**BUYER:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preneed License Number: \_\_\_\_\_

FEIN Number: \_\_\_\_\_

Effective date Buyer assumes Operation: \_\_\_\_\_

Refer to Iowa Administrative Rules - Preneed seller's change of ownership and cessation of business operations.  
**191 - 100.35(523A)**

**Please attach a copy of Asset Purchase Agreement along with this form.  
The agreement should specifically address the transfer of preneed liability.**