# FOREIGN CORPORATE FIDUCIARY

# CERTFICATE OF AUTHORITY SURRENDER FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The undersigned, |  | | | | | | | | | being the duly authorized and acting | | | |
|  | Name | | | | | | | | |  | | | |
|  | | | | | of |  | | | | | | ("Corporation"), having | |
| Title | | | | |  | Institution Name | | | | | |  | |
| its principal place of business at | | |  | | | | | | | | | | , County of |
|  | | | Street Address & City | | | | | | | | | |  |
|  | | | | , State of | | |  | | , pursuant to Section 4-5(d) of the Illinois Corporate | | | | |
| County | |  | | | State | | | |  | | | | |
| Fiduciary Act 205 ILCS 620/4-5(d), hereby certifies to the following: | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | 1. The Corporation received a Certificate of Authority dated |  | authorizing it to act as | | | | | | | | | | | | | | |
|  | | | | |  | | | MM/DD/YYYY | | |
| Foreign Corporate Fiduciary in the State of Illinois; | | | | | | | | | | | | | |
| |  | | --- | | 1. To the best of my knowledge and belief, the Corporation is not now acting as testamentary trustee, trustee appointed by any court, trustee under any written agreement, declaration or instrument of trust, executor, administrator, administrator to collect, guardian, or in any other fiduciary capacity in the State of Illinois; | | | | | | | | | | | | | | |
| |  | | --- | | 1. It is understood that prior to acting as a fiduciary in the State of Illinois, the Corporation must first apply for and receive a Certificate of Authority from the Secretary of the Illinois Department of Financial and Professional Regulation. | | | | | | | | | | | | | | |

(Seal)

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| --- | --- | --- |
|  |  |  |
| Senior Executive Officer Signature |  | Date |
|  |  |  |
| Printed Name of Executive Officer |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signed and sworn to before me on | | |  | day of |  | , |  |
|  | | |  |  | Month |  | Year |
| By |  | | | | | |  |
|  | Printed Name of Notary Public | | | | | |  |
|  |  | | | | | |  |
|  | Signature of Notary Public | | | | | |  |
| My Commission Expires: | |  | | | | |  |
|  | |  | | | | |  |

*Please attach original Certificate of Authority issued by the Department*