



Uniform Application for Interstate Trust Activities of State-Chartered Trust Institutions

Indicate the state for which you are submitting this application: _____

(Note: This state will be referred to as the "Host State" throughout the application)

1. Provide the following information about the institution:

- (a) Corporate/Company Name
- (b) Federal Employer Identification Number
Federal Social Security Number
- (c) Address of Institution's Principal Place of Business
- (d) Institution's state of incorporation [if different than (c)]
- (e) Will the institution operate under a different trade name in the host state?

If yes, provide the trade name to be used.

2. Indicate the corporate structure that most closely describes the institution. (Place an "X" in the appropriate box.)

- Corporate Trust Company (e.g. Independent Trust Company)
- Non-bank Bank (limited to trust activities; no deposit taking activities)
- Bank with Trust powers (trust department) or a Trust Company with full banking powers.
- Other _____ (Specify type of structure and statutory authority.)

3. If your organization is a stand-alone legal entity, skip this question and continue with question 4. Otherwise, further describe your institution's corporate structure by indicating

whether you are a subsidiary of: (Place an "X" in the appropriate box.)

- A depository institution
- A financial holding company
- A bank holding company
- A corporate holding company
- Other _____ (Specify.)

Provide the parent entity's name, city & state, and type of business in which it is engaged:

Name	City	State
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Type of business:

4. Describe the trust activities that the institution proposes to conduct in the Host State.

5. Indicate whether the activities described in item 4 above will be conducted: (Place an "X" in the appropriate box.)

- No physical office will be used in the Host State.
- In a representative office in the Host State from which the institution will market and solicit trust services but not perform trust activities.
- In a full service bank/savings bank branch in the Host State.
- In a Trust Office where only trust activities and no depository activities are conducted in the Host State.
- Through another delivery channel. (Describe.)

6. Provide the institution's proposed investment in fixed assets, projected income and expense levels for the next three years in the host state. (Note: Include a current financial statement.)

7. Provide the following information about a contact person within the institution that is available to respond to questions.

Name: Title:
Address:
Phone: Fax: Email:

8. If applicable indicate the institution’s proposed address/location in the Host State.

9. Provide the trust institution’s and parent company’s (if applicable) current capital level (including equity capital + reserves) at the close of the most recent quarter.

Trust institution \$ as of (date)
Parent entity (if applicable) \$ as of (date)

10. Indicate the individual/entity designated as agent for service of process in the Host State.
(Note: Some states may require a host state government agency, such as the banking department to be the agent for service of process.)

Name:
Address:
Phone:

11a. If applicable, due to host state statutory requirements, provide a description of the assets the institution is pledging. If you are

unsure whether pledging requirements apply, contact your Home State’s chartering agency.

11b. If applicable, identify two individuals and the entity authorized to make changes to the assets pledged.

11c. If applicable, please identify the entity that will maintain custody of the pledged assets.

Name:
Address:
Phone:

12. List all pending and prior (past 3 years) litigation in which fraud or breach of fiduciary duty is alleged against the institution.

13. Describe the type and amount of insurance to cover trust activities.

Type:
Amount:
Provider:

14. Provide evidence of filing with the Secretary of State, or applicable state agency as a foreign corporation (if applicable).

15. Provide a copy of the resolution of the institution’s Board of Directors authorizing this application.

I, the undersigned, hereby certify that I have requisite authority to execute this application.

Officer Name:

Title:

Date:

- 1. The applicant is responsible for submitting any applicable filing to the home state and host state.
- 2. The institution chartering state (home state) supervisor will make every attempt to respond to request for additional information from the host state supervisor. However, if the additional information is unavailable or cannot be obtained, the institution may be asked to submit additional information regarding this application directly to the host state supervisor.

Uniform Application for Interstate Trust Activities Application Instructions

Background/Filing Instructions:

I. GENERAL INFORMATION

This Uniform Application for Interstate Trust Activities was developed by the CSBS Interstate Trust Activities Task Force. It is intended to satisfy the filing requirements of all states that permit interstate trust operations, thus eliminating the need for interstate trust institutions to file multiple forms if they operate in numerous states. The form is not intended to replace the forms State Banking Departments currently utilize to approve intrastate activities for the institutions that they charter and regulate.

The information you provide in this application will satisfy most of the common regulatory and statutory requirements required by the state bank regulatory agencies. In the event that additional information is required, the applicant may receive a separate request for additional information to supplement the application.

II. FILING INSTRUCTIONS

1. File one copy of this application with the Home State Regulator (Chartering Agency). Attach additional pages if there is insufficient space to completely answer any of the individual questions.
2. The Home State Regulator will review the application and add supplemental information, if needed.
3. The Home State Regulator will forward a copy of this application and supplemental information to the Host State Regulator(s).
4. The Home State and Host State Regulators will work together to process the application.

Definitions:

1. Chartering Agency – The state supervisory agency with primary responsibility for chartering and supervising a multi-state trust institution.
2. Corporate Trust Company – A state trust company or any other company chartered under home state law to act as a fiduciary that is neither a depository institution nor a foreign bank.
3. Home State – The state where a trust institution is chartered.
4. Host State – The state other than the home state of a trust institution where the trust institution maintains or seeks to establish an office or seeks to engage in any trust activity.
5. Representative Office – An office in which a bank or qualified trust company markets and solicits trust services, provides back office and administrative support for trust operations, but does not conduct trust activities.
6. Trust Office – An office, other than a main office, at which trust activities are conducted.



CSBS Supervisory Addendum to the Uniform Application for Interstate Trust Activities of State-Chartered Trust Institutions

1. Provide the names and titles of the institution’s executive officers and directors. If applicable, include a resume or biography for key local management.
2. Attach a copy of the institution’s current financial statements. *(Note: If current monthly financial information is not available, please attach relevant call report information or an annual statement of trust assets.)*
3. If applicable, attach a copy of a reciprocity certificate or opinion letter from the applicant’s (home state) indicating the laws/citations that permit reciprocal trust powers/operations in the host state of _____.
4. What is the total dollar amount of trust assets managed by the institution (including discretionary and non-discretionary) assets? *(Note: Specify and attach, if applicable, information source, e.g. call report, annual statement of trust assets, etc.)*
5. Describe the institution’s experience in trust/fiduciary management and operations. *(e.g. a brief supervisory assessment summary.)*
6. Provide, if applicable, the institution’s:
 - a. **Tier 1 capital**
 - b. **Total capital**
 - c. **Tier 1 risked based capital ratio**
 - d. **Total risked based capital ratio**
 - e. **Total leverage ratio**
7. List the states where the institution is authorized to operate a trust office. Also indicate the states in which the institution currently operates an office. If applicable, list the statutory authority and type of facility operated in each state.

Authorized?	Operate?	Statutory Authority?	Facility Type?

8. Indicate whether regulatory enforcement actions, Board resolutions or Memoranda of Understanding related to trust activities currently exist against the institution, consistent with the parameters and confidentiality requirements of your state.

9. Provide documentary evidence of the institution's authority to conduct fiduciary activities in the applicant's home state.
10. Attach evidence that the institution's chartering/supervising Banking/Trust Department considers the institution to be in good standing within the Home State.
11. Indicate whether your state (the home state) requires filing fees for processing the interstate application.
 Yes No

Describe the fees and the process for assessing the institution.

12. Consistent with the principals in the Nationwide Cooperative Agreement for the Supervision of Multi-State Trust Institutions, in which the home state supervisor has primary authority to approve the applications submitted by its institutions in host states (after consultation with host states), describe the disposition of your (home state) Department on the application, if applicable.

Home State Supervisor: _____

Date: _____

Submitted to (Host) State of: _____

Attention: _____

Preliminary Home State Disposition on Host State application:

- Deny** **Approve** **With conditions** **Without conditions**