STATE OF NEVADA
FINANCIAL INSTITUTIONS DIVISION
DEPARTMENT OF BUSINESS AND INDUSTRY
ATTN: APPLICATION PROCESSING
1830 E. COLLEGE PARKWAY, SUITE 100
CARSON CITY, NV 89706

Phone: (775) 687-5522
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Documents Received On

APPLICATION FOR LICENSING FAMILY TRUST COMPANY
NRS & NAC CHAPTER 669A AND CHECKLIST

File all applicable attachments listed below to apply for the initial registration as a Family Trust Company

I. Name of Applicant

Legal name of Applicant

DBA, trade or assumed name(s) (different from above)

2. Principal business address. (Do not use a P.O. Box)

Address Line 1

Address Line 2

City

State: NV

Zip Code

Primary Phone Number

Toll Free Phone Number

Fax Number

3. Name of Agent.

Agent to represent and appear for the undersigned before the Commissioner of Financial Institutions and to receive all correspondence and documents, in respect to this application, In accordance with annexed Appointment of Agent.

REPRESENTATIONS

THE UNDERSIGNED, in seeking approval to organize a trust company hereby jointly and severally represent and warrant to the Commissioner of Financial Institutions Division as follows:

Full Name (Last Name, First Name MI)

Mailing Address Line 1

Mailing Address Line 2

Mailing City

Mailing State: NV

Mailing Zip Code

E-mail

Phone Number

Ext.

Fax Number

4. Officer of the Family Trust. (Must be resident of Nevada)

Full Name (Last Name, First Name MI)

Mailing Address Line 1

Mailing Address Line 2

Mailing City

Mailing State: NV

Mailing Zip Code

E-mail

Phone Number

Ext.

Fax Number

5. Designated relative (Family Member)

Full Name (Last Name, First Name MI)

Mailing Address Line 1

Mailing Address Line 2

Mailing City

Mailing State

Mailing Zip Code

6. Shares issued by it be Allocated

Capital	
Surplus	
Total capitalization	
Number of shares authorized	
Number of shares issued	
Par value per share	
Sale price per Share	

7. Certification of Application

I, the undersigned, say that the above statements are true and correct to the best of my knowledge and belief that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a license by the Nevada Financial Institutions Division. I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the revocation of a license.

Signature of Applicant	Title	Date

Signature of Applicant	Title	Date

II. Checklist for Applicants

1. ☐ Trust Family Initial Application;
2. ☐ Initial Application Fee of $1500, and Initial Licensing Fee of $1500. Make check(s) payable to "Nevada Financial Institutions Division";
3. ☐ **For each Director, Officer, person with at least 25% ownership, every member of a firm or partnership, or any person authorized to initiate transactions to the trust account;**
   - 3a. ☐ Personal Package *(Personal History, Personal Financial, Child Support, Authorizations, and US Citizenship Forms)*
   - 3b. ☐ Complete set (3) of fingerprints (FD-258)
4. ☐ Nevada State Business License; *(obtain from the Nevada Secretary of State)*
5. ☐ A copy of appropriate municipal (city/county) business license for principal office;
6. ☐ Financial Statements, copies of the Applicant's for the prior two years, audited by an accountant licensed to conduct audits and the auditor's contact information;
7. ☐ Copy of the Lease Agreement
8. ☐ Current Copy of the Fidelity Bond(s) and Insurance. **NRS 669A.250**
9. ☐ **Corporations and LLCs:**
   - 9a. ☐ Articles of Incorporation from the Nevada Secretary of State (Applicants with Nevada locations); or,
   - 9b. ☐ Certificate of Organization from the Nevada Secretary of State (Applicants with Nevada locations); or,
   - 9c. ☐ Qualification to do Business in Nevada (Foreign Authority filed) with the Nevada Secretary of State .
   - 9d. ☐ Certificate of Good Standing with Nevada Secretary of State.

Applicants using DBA's or Trade Names:

1. ☐ Trade Name Affidavit(s) from the appropriate municipal (city/county) business license.

APPOINTMENT OF AGENT

KNOW all persons by these presents, that the undersigned hereby make, constitute, appoint, and designate

_____

(First Name) (Middle Name) (Last Name)
as our sole and exclusive agent.

IN connection with this application, said Agent is hereby authorized to represent and appear for the undersigned before the Commissioner and except in instances where the Commissioner shall require personal actions by the undersigned, said Agent is hereby empowered and authorized to do and perform all and every act or thing whatsoever necessary, as fully and to all intents and purposes as the undersigned might or could do if personally present at the doing thereof, and to receive all correspondence and documents from the Commissioner of Financial Institutions.

THE Agency created hereunder shall automatically terminate upon the date the proposed trust company shall become a body corporate and the interim directors thereof appointed in accordance with the law.

THE Agency created hereunder is, and shall be, irrevocable except by resolution adopted by a majority of the undersigned, which resolution shall be certified to the Commissioner by the undersigned voting for the same.

THE undersigned jointly and severally represent and warrant to the Commissioner of Financial Institutions that the complete terms of the agreement with said Agent pertaining to compensation of said Agent for services performed, and to be performed by said Agent, are as follows, and that the undersigned are not directly or indirectly party to any other written or oral agreement or understanding with said Agent relating to such compensation including any agreement or understanding which provides for any payment to said Agent solely contingent upon any action, decision, or forbearance on the part of the Commissioner of Financial Institutions Division.

THIS is to certify and warrant to the Commissioner of Financial Institutions Division that the undersigned Agent is not directly or indirectly a party to any written or oral agreement in relation to this Application for a Proposed New Trust Company under the terms of which the undersigned Agent has been paid, or will be paid, any money or other thing of value solely contingent upon the taking of any action, decision or forbearance to take action on the part of the Commissioner of Financial Institutions Division.

_____ _____
Signature of Agent Date

Print Form