



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

Phone: (775) 684-2970
Fax: (775) 684-7061
<http://www.fid.nv.gov>

Documents Received On

APPLICATION FOR RENEWAL OF LICENSING
FAMILY TRUST COMPANY - NRS CHAPTER 669A

1. Applicant Information

Legal name of Applicant

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

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

Address Line 1

Address Line 2

City

State

Zip Code

Web Site Address

Primary Phone Number

Toll Free Phone Number

Fax Number

3. Physical address of location where official books and records will be kept.

Address Line 1

Address Line 2

City

State

Zip Code

Primary Phone Number

Toll Free Phone Number

Fax Number

4. Branch Locations

Address Line 1

Address Line 2

City

State

Zip Code

Branch Phone Number

Toll Fee Phone Number

Fax Number

Attach Additional Branch Locations if Necessary

5. Contact person authorized to respond to application and renewal inquiries.

Full Name (Last Name, First Name MI) and Title			
Mailing Address Line 1			
Mailing Address Line 2			
Mailing City	Mailing State	Mailing Zip Code	
E-mail	Phone Number	Ext.	Fax Number

6. Disclosures

A) Has the licensee had any senior management, officer, or structural changes to the family trust, within the past year?

NO YES If yes, please provide details.

B) Has the licensee changed their Designated Relative within the past year?

NO YES If yes, please provide details.

7. Renewal Checklist:

- A. Annual Licensing Fee of \$1500: Make check payable to "Nevada Financial Institutions Division";
- B. Current Copy of "Certificate of Good Standing" and Nevada State Business License from the Nevada Secretary of State.
- C. Current Copy of the Fidelity Bond(s) and Insurance (if applicable). **NRS 669A.250**
- D. Provide complete audited, reviewed, or compiled financial statements for the current Annual Report year ending December 31, which should include the auditor's opinion or accountant's report, notes to the financial statements, etc. If a CPA is not engaged for an audit, review, or compilation of financial statements, then submit at a minimum 1) a Statement of Assets, Liabilities, & Owners' Equity [balance sheet], and 2) a Statement of Operations [revenue & expenses or profit & loss]. A complete Trust tax return (less any K-1s) that includes a balance sheet may be submitted in lieu of internally prepared financial statements.

Initial: _____ Yes, I require until _____ to provide complete audited, reviewed, or compiled financial statements for the current Annual Report year ended December 31. I am also aware that I am still required to provide annual renewal fee, renewal application and any other required documents by April 1, due date. Furthermore, this renewal application will not be finalized until financial statements are received and reviewed by the Financial Institution Division CPA.

7. Renewal Checklist cont'd:

- E. Provide a copy of the Trust Company's main operating account bank statement, along with a copy of the account reconciliation, for the month ended December 31 of the current Annual Report year. For the outstanding checks, include: 1) check number, 2) payee, 3) date issued, and 4) amount. A computer print-out of the account reconciliation is preferred. Reconciled cash balance must reasonably agree with cash balance reflected on balance sheet.

IMPORTANT: Submit current Continuation Certificate, or submit written verification from the bonding agency of the Bond Amount and the Bond Expiration Date (If bond is continuous then next payment date must be provided).

You may find it helpful to keep a copy of the renewal application and addendum to track what has been sent to Financial Institutions Division.

The Division has no provision for expediting an application. Completed renewal application, supporting documents and renewal fee must be received in the Division's Carson City office on or before the expiration date to void reinstatement fee.

Please be advised that any outstanding fees must be paid, and any outstanding issues cleared, prior to License Renewal.

8. Certification of Application

I, the undersigned, being duly sworn, depose and say that the above statements are true and correct to the best of my knowledge and belief, and 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 _____

THE APPLICATION IS TO BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

STATE OF _____

COUNTY OF _____

_____, being duly sworn says that he is the applicant herein; or that he is making this application on behalf of said applicant; that he has read the foregoing application and knows the contents thereof and that the same is true to the best of his knowledge and behalf.

Taken, subscribed and sworn to before the undersigned authority in

_____ County, State of _____

this _____ day of _____, 20_ _

Notary Public

(Notary Seal)