



STATE OF NEVADA
FINANCIAL INSTITUTIONS DIVISION
DEPARTMENT OF BUSINESS & INDUSTRY
ATTN: APPLICATION PROCESSING
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Documents Received on:

APPLICATION FOR INTERSTATE TRUST ACTIVITIES
NRS & NAC 669 APPLICATION AND CHECKLIST
FOREIGN INDEPENDENT TRUST COMPANY

1. Licensee

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Legal Name of Applicant

--

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

2. Principal Business Address of Home State Office

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Business Name

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Address Line 1

Primary Phone Number

--

Address Line 2

Toll Free Number

--

City

State

Zip

Fax Number

3. Proposed Business Address for Trust Representative Office in Nevada

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Address Line 1

Primary Phone Number

--

Address Line 2

Toll Free Number

--

City

State

Zip

Fax Number

There will not be a Trust Representative Office established in Nevada.

4. Contact Person Authorized to Respond to Inquiries

Name (First, MI, Last)		Title	
Address Line 1		Primary Phone Number	
Address Line 2		Toll Free Number	
City	State	Zip	Fax Number

5. Name of Registered 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 (Las Name, First Name, MI)		Email Address	
Mailing Address Line 1		Primary Phone Number	
Mailing Address Line 2		Toll Free Number	
City	State	Zip	Fax Number

6. Disclosures

Please respond to each of the following questions and requests for information completely and accurately. Ensure that your responses are adequately supported, including documentation. Responses will be evaluated accordingly to ensure compliance with applicable laws and regulations, including, but not limited to, Nevada Revised Statute (NRS) 669 and Nevada Administrative Code (NAC) 669. *(If additional space is needed, attach separate sheet and identify enclosure number)*

A. 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.)*

B. If your organization is a stand-alone legal entity, skip this question and continue with question C. 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
Type of business		

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

D. Indicate whether the activities described in item C 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.
- Through another delivery channel. (Describe.)

E. 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.

	\$	as of		Date
Trust Institution				
	\$	as of		Date
Parent Entity (if applicable)				

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

G. 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.)

H. Describe the institution's experience in trust/fiduciary management and operations. (e.g. a brief supervisory assessment summary.)

I. 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.

J. Provide, if applicable, the institution's:
(Note: Indicate source and date of information.)

a. Tier 1 capital	
b. Total capital	
c. Tier 1 risk based capital ratio	
d. Total risk based capital ratio	
e. Total leverage ratio	

K. 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.

State	Currently Operational?	Statutory Authority?	Facility Type?

7. Checklist for Applicants

1. Application for Interstate Trust Activities – Foreign Independent Trust Companies;
2. Addendum for Foreign Independent Trust Companies with a Physical Location in Nevada (if applicable);
3. Initial, Non-Refundable Application Fee of \$1,000. Make check payable to “Nevada Financial Institutions Division”;
4. Original Surety Bond, \$100,000;
5. Nevada State Business License;
6. State Business license from Home state;
7. Copy of insurance policy for trust activities;
8. Copy of Board of Directors’ resolution to authorize this application;
9. List of names and titles of the institution’s executive officers and directors. If applicable, include a resume or biography for key local management;
10. Copy of 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 Nevada;
11. Provide documentary evidence of the institution’s authority to conduct fiduciary activities in the applicant’s home state;
12. Attach evidence that the institution’s chartering/supervising Banking/Trust Department considers the institution to be in good standing within the home state;
13. Provide confirmation that your home state does not object to the proposed business activities that will occur in the host state;
14. Provide confirmation that the home state regulator subscribes to and is a signatory of the Nationwide Cooperative Agreement for Supervision and Examination of Multi-State Trust Institutions.
15. Corporations and LLCs:
 - a. Articles of Incorporation from the Nevada Secretary of State (Applicants with Nevada locations); or
 - b. Certificate of Organization from the Nevada Secretary of State (Applicants with Nevada locations); or,
 - c. Qualification to do Business in Nevada (Foreign Authority filed) with the Nevada Secretary of State
 - d. Certificate of Good Standing with Nevada Secretary of State

If the Commissioner approves this written request for authorization, the foreign independent trust company may solicit trust company business in this State and contact existing or prospective customers. A foreign independent trust company SHALL NOT:

1. **Accept a fiduciary appointment;**
2. **Execute a document that creates a fiduciary relationship;**
3. **Make decisions regarding the investment or distribution of fiduciary assets; or**
4. **Otherwise engage in any activity for which a license is required pursuant to this chapter.**

I acknowledge and agree to comply with the above requirement.

I do not acknowledge and do not agree to comply with the above requirement.

10. 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