



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

1830 COLLEGE PARKWAY, SUITE 100  
CARSON CITY, NV 89706

PHONE (775) 684-2970  
FAX (775) 684-2977  
WWW.FID.NV.GOV

Documents Received on:

**APPLICATION FOR RENEWAL OF AUTHORIZATION**  
**FOREIGN INDEPENDENT TRUST COMPANY -NRS/NAC 669**

**1. Licensee**

Legal Name of Applicant

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

**2. Principal Business Address of Home State Office**

Business Name

Address Line 1

Primary Phone Number

Address Line 2

Toll Free Number

City

State

Zip

Fax Number

**3. Business Address for Trust Representative Office in Nevada**

Address Line 1

Primary Phone Number

Address Line 2

Toll Free Number

City

State

Zip

Fax Number

There is not 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. 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 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.**

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#### 6. Checklist for Applicants

- Application for Renewal of Authorization – Foreign Independent Trust Companies;
- Renewal Fee of \$500. Make check payable to “Nevada Financial Institutions Division”;
- Verification of active Surety Bond
- Copy of insurance policy for trust activities;
- Provide documentary evidence of the institution’s authority to conduct fiduciary activities in the applicant’s home state;
- Attach evidence that the institution’s chartering/supervising Banking/Trust Department considers the institution to be in good standing within the home state;
- Provide complete audited, reviewed, or compiled financial statements for the current Annual Report year ended 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 business tax return (less any K-1s) that includes a balance sheet may be submitted in lieu of internally prepared financial statements. A 1040 Schedule C form is not acceptable.

**7. If the Commissioner approves this written request for renewal of 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.**

**8. 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 authorization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date