



Trust Company Supplement Renewal Application

This application must be completed by typewriter or legibly printed.

Do not leave any blank spaces. There must be an answer provided for each inquiry. If not applicable use "None" or "n/a."

Do not add attachments in lieu of completing our form.

Company Name:

License Number:

TC-

1. Employee Information:

Total number of Arizona Employees:

2. Annual Filing Date:

Provide most recent annual filing DATE with the Arizona Corporation Commission:

3. Directors and Senior Officers:

List the directors and senior officer of your corporation. (Must have at least 3 Directors pursuant to A.R.S. 6-854.02)

Name:

Capacity/Title:

Name:

Capacity/Title:

Name:

Capacity/Title:

Name:

Capacity/Title:

Name:

Capacity/Title:

4. Managers:

State the name(s) of the person(s) who will manage the trust business. Furnish sufficient information on each person to show the person's ability to operate the trust business in a sound and lawful manner:

Name:

Capacity/Title:

Experience:

Name:

Capacity/Title:

Experience:

Name:

Capacity/Title:

Experience:



Name:	Capacity/Title:
-------	-----------------

Experience:

Name:	Capacity/Title:
-------	-----------------

Experience:

5. Other License Information:

Does any agency or instrumentality of any state or Federal Government license you? (circle one)	Yes	No
---	-----	----

If yes, name the agency or instrumentality and type of business to be carried on pursuant to such license or licenses

Name of Agency or Instrumentality:	Type of Business:
------------------------------------	-------------------

Name of Agency or Instrumentality:	Type of Business:
------------------------------------	-------------------

Name of Agency or Instrumentality:	Type of Business:
------------------------------------	-------------------

Name of Agency or Instrumentality:	Type of Business:
------------------------------------	-------------------

Name of Agency or Instrumentality:	Type of Business:
------------------------------------	-------------------

6. Statutory Agent:

Statutory Agent Name:

Address:

City:	State:	Zip:
-------	--------	------

7. Capital:

Is your company in compliance with the liquid capital requirement (\$500,000) according to Arizona Revised Statutes A.R.S. 6-856(A) and (B)? (circle one)	Yes	No
---	-----	----

Form:	Location:	Amount: \$	Date of Maturity:
-------	-----------	---------------	-------------------

Form:	Location:	Amount: \$	Date of Maturity:
-------	-----------	---------------	-------------------

8. Fidelity Bond:

Total Assets Available:	Fidelity Bond Amount:
-------------------------	-----------------------



9. Affidavit:

State of _____

County of _____

I _____ as _____ swear or affirm that I have executed this form
Print Name Print Official Title

before a Notary Public, of my own free will and:

- (a) I have read and understand the items and instructions on this form;
- (b) My answers (including attachments) are true and complete to the best of my knowledge;
- (c) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;
- (d) I authorize all my current and former *employers*, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former *employers*, complete reasons for my termination;
- (e) I have read and understand applicable federal and state law, and will be in compliance at all times;
- (f) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis;
- (g) I understand that this renewal has to be signed by one of the owners or officers on file with the Department of Financial Institutions**

Signature of individual: _____ Date (MM/DD/YYYY) _____

Subscribed and sworn to before me this _____ day of _____ 20 _____
Date Month Year

Print Notary Public name: _____ Notary Public signature: _____

Notary Appointment Expires (MM/DD/YYYY): _____ Notary seal here

10. Renewal Fees:

Principal Primary Licensed location: \$1,000.00

Current number of Arizona branch location(s) being renewed: Total # x \$250.00 = \$

Penalty of \$100 for each day after January 15 that the renewal with the proper fees are not received. \$

Post mark dates are not consider timely

Make payable to: Arizona Department of Financial Institutions or AZDFI

Total All lines	\$
Pay the amount entered here all on one check	



License Renewal - Trust Company Supplement - Assets

	Amount
Non-Interest Bearing Deposits:	
Own Bank and Affiliated Institutions	_____
Other Institutions	_____
Interest Bearing Deposits:	
Own Bank and Affiliated Institutions	_____
Other Institutions	_____
U.S. Government and Agency Obligations	_____
State, County and Municipal Obligations	_____
Other Short-term Obligations	_____
Other Notes and Bonds	_____
Money Market Mutual Funds	_____
All other Mutual Funds	_____
Stocks	_____
Collective Investment Fund Units	_____
Real Estate Mortgages	_____
Real Estate	_____
Miscellaneous Assets	_____
Suspense Accounts	_____
Other:	_____
_____	_____
_____	_____
TOTAL ASSETS	_____
Overdrafts (shown gross) include above:	_____

The assets listed above are carried at: (check all applicable)

Cost
 Nominal
 Inventory Value
 Tax Value

Other (Describe) _____

I hereby certify that the foregoing is a true statement of the company's assets and liability as shown on the company's books. This is an official document, any false information in it may be grounds for prosecution and may be punishable by fine or imprisonment.

Officer's Name and Title:		Company Name and Location (City & State):	
Officer's Signature:		Date:	



License Renewal - Trust Company Supplement - Liabilities

	Amount	Account Number
Personal Accounts:		
Personal Trusts	_____	_____
Estates and Guardianships	_____	_____
Employee Benefit Accounts:		
Trusts	_____	_____
Agencies	_____	_____
All Other Agencies:		
Investment Management and Advisory	_____	_____
Custodial	_____	_____
All Other	_____	_____
Corporate and Municipal Securities Appointments:		
Bond Trusteeships	_____	_____
Agencies	_____	_____
Accountability Subtotal	<input type="text"/>	

	Amount	Fund Number
Collective Investment Funds:		
Employee Benefit	_____	_____
Other	_____	_____

	Amount
Internal Accounts:	
Profile Accounts	_____
Suspense Accounts	_____

TOTAL LIABILITIES

I hereby certify that the foregoing is a true statement of the company's assets and liability as shown on the company's books. This is an official document, any false information in it may be grounds for prosecution and may be punishable by fine or imprisonment.		
Officer's Name and Title:		Company Name and Location (City & State):
Officer's Signature:		Date:



Trust Company Supplement Application Checklist

- \$1,000 Renewal Fee
- \$250 per branch location(s) in Arizona that is renewing
- Assets Statement Completed (To be delivered to AZDFI no later than 90 days after December 31)
- Liabilities Statement Completed (To be delivered to AZDFI no later than 90 days after December 31)
- All changes to your license are sent to the department under separate cover. Do not include/submit with renewal application. (See website for appropriate forms)