



Trust Company Renewal Application, Checklist and Instructions

License Year: January 1 through December 31

Instructions

Page 1 of this document is instructions for renewing your Trust Certificate. Page 2 is a checklist and helpful information to help you submit a completed renewal package. Page 3 through 8 of this document is the application for Renewal. Pages 9 and 10 are the Annual Report of Trust Assets and Liabilities, to be used in renewing your trust certificate and must be submitted every year by March 31st pursuant to Arizona Administrative Code [R20-4-805](#).

You must renew your Trust Company Certificate each year for the calendar year January 1st through December 31st and you must have the renewal submitted to the Department before January 15th of each year to avoid penalty fees or closure.

Fill out the Renewal Application and the Annual Trust Company report making sure that you answer each question and if you come to a question that is not applicable, place N/A in the answer box, or if the answer is none, place “none” in the answer box. This will help us to know that you did not miss the question.

Order your Certificate of Good Standing with the Corporation Commission and submit it with your renewal.

Submit a current annual financial report. The current annual financials are to be signed by one of the owners or officers on file with the Department. The current financials should include a balance statement and an income and loss statement. If the financials list a negative net worth, attach a written explanation and what steps are being taken to prevent this in the future.

One of the top five officers or the chief trust officer must sign the application form where indicated and type or print the name and title of the person signing. Be certain that it is notarized; that all attachments are identified with the name of the trust company, and that it is submitted as a single package with the appropriate fees to:

The Arizona Department of Financial Institutions
Financial Institutions Division
2910 N. 44th Street, Suite 310
Phoenix, AZ 85018

If you have any questions, please call the Financial Institutions Division at 602-771-2816 or e-mail us at financialinst@azdfi.gov.



Trust Company Renewal Application, Checklist and Instructions

License Year: January 1 through December 31

Check List

- Application Completed (N/A or “none” marked when question is none or not applicable)
- Assets and Liability Statement Completed (deliver to AZDFI no later than 90 days after December 31)
- Certificate of Good Standing from the Corporation Commission attached
- Enclose current Annual Financial Report with explanation if necessary.
- \$1,000 renewal fee payable to the Arizona Department of Financial Institutions (Principal Location)
- \$250.00 per branch location(s) in Arizona that is renewing. (Do not include the principal Location)
- Make copies of your completed renewal application and attachments for your records
- Submit your renewal application, attachments and renewal fees to the Financial Institution’s Division.
- Make one check payable to AZDFI or the Arizona Department of Financial Institutions.
- Include the checklist with your renewal application.
- If you have a *certificate change, please use the “License Change Application” on the website and send it as a separate package with separate fees.

For your Information:

Pursuant to [A.R.S. §6-855](#) and [A.R.S. §6-126](#), the annual renewal fee is one thousand dollars (\$1,000) plus two-hundred and fifty dollars (\$250.00) for each branch office and is payable on or before January 1 of each year. A penalty of one-hundred dollars (\$100.00) shall be assessed for each day after January 15 that the renewal and fee(s) are not received by the Department.

*The trust company is required to notify the Department at the time changes are made regarding the certificate of authority. (i.e. company name, address, office closure, bond, change of control, top five officers; trustees; partners ; directors; and owners). You can do this at any time by using the License Change Form on the website at www.azdfi.gov.

Reminder: Annual Report of Trust Assets: Pursuant to the Arizona Administrative Code [R20-4-805\(A\)](#), within 90 days following December 31st of each year, an “Annual Report of Trust Assets,” shall be filed with the Superintendent (by March 31). Pursuant to A.R.S. [§6-861](#), the Superintendent will assess a penalty of fifty dollars (\$50.00) for each day the trust company reports are delinquent.

After your renewal is approved, you will not receive a new certificate; you will receive a confirmation letter that your certificate has been renewed.

Pursuant to [A.R.S. 6-859\(G\)](#) at least once a year the Board of Directors shall review the fidelity bond and the errors and omission insurance to determine the adequacy of coverage and record it in the minutes and immediately after procuring the bonds, file them with the Department.



Trust Company Renewal Application, Checklist and Instructions

License Year: January 1 through December 31

Trust Company Certificate Renewal Application

Application is hereby made for a certificate of authority to engage in and carry on the business of a Trust Company, pursuant to provisions of [Title 6, Chapter 8](#) of the Arizona revised Statutes.

Please do not leave blank spaces. Provide an answer for each inquiry. If not applicable, use "none" or "n/a". Make additional copies of any page or attach a separate sheet if additional space is necessary.

AZ Certificate Number: TC –	Year of Renewal:
--------------------------------	------------------

1. Primary Address

Applicant Name: (Name approved by the Arizona Corporation Commission):	Federal Tax ID #
--	------------------

Doing business As: Optional (Name approved by the Arizona Secretary of State)

Address Line 1:

Address Line 2:

City:	State:	Zip Code:	E-mail address (required)
-------	--------	-----------	---------------------------

Telephone Number	AZ Fax Number:	Website:
------------------	----------------	----------

2. Mailing Address

Address Line 1:

Address Line 2:

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

3. Corporate Office Address

Address Line 1:

Address Line 2:

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

Telephone Number:	Fax Number:	Toll Free Number:
-------------------	-------------	-------------------

4. Branches: (List branches you are renewing. Do not list your primary office location as a branch location. If you are closing any branches, please return the original certificate.)

1. Designated Branch manager (Overseer or Contact Person :)

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

Telephone Number:	Fax Number:	E:mail:
-------------------	-------------	---------

2. Designated Branch manager (Overseer or Contact Person :)



Trust Company Renewal Application, Checklist and Instructions

License Year: January 1 through December 31

Address:		City:	State:	Zip:
Telephone Number:		Fax Number:		E:mail:
3. Designated Branch manager (Overseer or Contact Person :)				
Address:		City:	State:	Zip:
Telephone Number:		Fax Number:		E:mail:
4. Designated Branch manager (Overseer or Contact Person :)				
Address:		City:	State:	Zip:
Telephone Number:		Fax Number:		E:mail:
<i>(Please list additional branches on a separate sheet.)</i>				
5. Parent Company- if applicable:				
Company Name:				
Address:				
City:		State:	Zip Code:	
Telephone Number:		Fax Number:		E-mail Address or Toll free number:
6. Total number of Arizona Employees:		7. Most recent annual filing DATE with the Arizona Corporation Commission.		
8. Current Ownership: (specify controlling owners, more than 15%, of trust company. Voting shares must total 100%)				
Name:		Driver's License Number and State Where issued:		Percentage:
Name:		Driver's License Number and State Where issued:		Percentage:
Name:		Driver's License Number and State Where issued:		Percentage:
9. Does any agency or instrumentality of any state or Federal Government license you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>If yes, name the agency or instrumentality and type of business to be carried on pursuant to such license or licensees.</i>				
1. Name of Agency of Instrumentality:			Type of business:	
2. Name of Agency of Instrumentality:			Type of business:	



Trust Company Renewal Application, Checklist and Instructions

License Year: January 1 through December 31

10. Statutory Agent:			
Statutory Agent Name:			
Address:			
City:	State:	Zip Code:	
11. Auditing Agency: (Certified Public Accountant firm or agency which audits your financial records.)			
Name:		Your fiscal year end is? Month/Day	
Address:			
City:	State:	Zip Code:	
12. 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Form:	Location:	Amount:	Date of Maturity
		\$	
Form:	Location:	Amount:	Date of Maturity
		\$	
13. Provide the amount of the Fidelity Bond being held according to Trust Assets. See A.R.S. §6-868.			
Total Assets Amount:		Fidelity Bond Amount:	
14. Directors and Senior Officers: (List the directors and senior officers of your corporation. Must have at least 3 Directors pursuant to A.R.S. §6-854.02)			
1. Name:		Capacity/Title:	
2. Name:		Capacity/Title:	
3. Name:		Capacity/Title:	
4. Name:		Capacity/Title:	
5. Name:		Capacity/Title:	
15. Managers: (State the names of the persons who will manage the trust business. Furnish sufficient information on each person to show that person's ability to operate the trust business in a sound and lawful manner:			
1. Name:		Capacity/Title:	
e-mail address:		Phone Number:	
Experience:			
2. Name:		Capacity/Title:	



Trust Company Renewal Application, Checklist and Instructions

License Year: January 1 through December 31

e-mail address:	Phone Number:
Experience:	
3. Name:	Capacity/Title:
e-mail address:	Phone Number:
Experience:	
4. Name:	Capacity/Title:
Experience:	
5. Name:	Capacity/Title:
e-mail address:	Phone Number:
Experience:	

16. Disclosures

State whether applicant or any of the above named persons has within the last 15 years;

1. Been convicted of any criminal offense other than a traffic violation;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Had a final judgment entered against him/her;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Filed bankruptcy;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Had an order entered against him/her by an administrative agency of this state, the federal government, or another state or territory of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Criminal Disclosures: Has the entity or control affiliates ever:

5. Been convicted of or pled guilty or no contest in a domestic, foreign, or military court to any felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Been charged with any felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. In the last ten years been charged, convicted of or pled guilty or no contest in a domestic, foreign, or military court to a misdemeanor involving: financial services or a financial services-related business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Regulatory Action Disclosure: Has any state or federal regulatory agency or foreign financial regulatory authority in the last 10 years ever found the entity or control affiliates:

8. Have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have been involved in a violation of a financial services-related activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have been entered an order in connection with a financial services-related activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Trust Company Renewal Application, Checklist and Instructions

License Year: January 1 through December 31

12. Have been denied, suspended, or revoked a registration or license or otherwise, by order, prevented it from associating with a financial services-related business or restricted its activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have its authorization to act as an attorney, accountant, or state or federal contractor ever been revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Is currently the subject of any regulatory proceeding that could result in a "Yes" answer to questions 8-14?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Civil Judicial Disclosure: Has any domestic or foreign court in the past 10 years:		
15. Enjoined the entity or control affiliates in connection with any financial services-related activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Found the entity or control affiliates to be in violation of any financial services-related statute(s) or regulation(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the entity or control affiliates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Is currently the subject of any regulatory proceeding that could result in a "Yes" answer to questions 15-18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Complete details of all events or proceeding must be furnished if you answered "Yes" to any of the questions 1-18. Please include an attachment with the name and location of court, docket or case number, and the status and summary of the event or proceeding; copies of applicable charge(s), order(s), and/or consent agreements. Do not list any offenses that were previously reported to the Department on your initial application or subsequent renewals)

Do you have any attachments? Yes No

17. Changes to your Certificate:

Have you made any changes to your Certificate since the last renewal (address – corporate or branch; Owner/Officer; company name including trade name? Yes No

Note: When submitting your renewal application, you are certifying that all information on file with AZDFI is current and accurate and that all applicable documents and fees have been submitted to AZDFI for any changes made since the last renewal.

18. Contact Coordinator: (Designated person who will coordinate this application process):

Name: _____

Address: _____

City	State:	Zip Code:	E-mail Address:
------	--------	-----------	-----------------

Telephone number:	Fax Number:	Toll Free Number:
-------------------	-------------	-------------------

19. Renewal Fees:

Principal Office in Arizona:	Re-enter 1,000	\$	1,000
Current number of Branch locations being renewed:	Total #	X \$250.00=	\$
If Applicable, late penalty, of \$100.00 for each day after January 15 th that the renewal with the proper fees are not received.			\$
Total Fees Enclosed: Total all lines:			\$

Pay the amount entered here all on one check payable to the Arizona Department of Financial Institutions or AZDFI



Trust Company Renewal Application, Checklist and Instructions

License Year: January 1 through December 31

20. Affidavit:

State of _____)
County of _____) ss

I _____ as _____ swear or affirm that I have executed this form 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, an 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.

Signature _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public Name: _____

Notary Public Signature: _____

Appointment expiration _____

Notary Seal Here:



Trust Company Renewal Application, Checklist and Instructions

License Year: January 1 through December 31

ANNUAL REPORT OF TRUST ASSETS AND LIABILITIES

As of December 31, _____

Assets	Amount
Non-Interest Banking 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 Funds	
Real Estate Mortgages	
Real Estate	
Miscellaneous Assets	
Suspense Accounts	
Other:	
➤	
➤	
Total Assets	
Overdrafts (shown gross) included 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 liabilities 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 Renewal Application, Checklist and Instructions

License Year: January 1 through December 31

Annual Report of Trust Assets and Liabilities Continued:

As of December 31, _____	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		

	Amount	Fund Number
Collective Investment Funds:		
Employee Benefit	_____	_____
Other	_____	_____
Internal Accounts:		
Profile Accounts	_____	
Suspense Accounts	_____	
TOTAL LIABILITIES		

I hereby certify that the foregoing is a true statement of the company's assets and liabilities 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: