

**APPLICATION FOR AUTHORITY  
TO ORGANIZE A TRUST COMPANY**

STATE OF IDAHO  
DEPARTMENT OF FINANCE  
PO BOX 83720  
BOISE ID 83720-0031

We, the undersigned, being citizens of the United States, do hereby make and file with your Department, application for authority to circulate a stock subscription list for the organization of such company to be located at \_\_\_\_\_, County of \_\_\_\_\_, State of Idaho.

The amount of the capital stock is to be \$\_\_\_\_\_.

For the purpose of furnishing information needed by the Director of the Department of Finance in passing on this application as provided in Chapter 35, Title 26, Idaho Code, we hereby submit the attached information:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**NAME**

**ADDRESS**

NAME	ADDRESS

**APPLICATION FOR AUTHORITY  
TO OPERATE A TRUST COMPANY**

To the Director of the Department of Finance  
PO Box 83720  
Boise ID 83720-0031

Under the authority of a resolution of the Board of Directors of this corporation, authorized to do business in this State, duly adopted, and incorporated in the minutes of a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, application is hereby made for authority to act as a trustee, executor, administrator, guardian of estates, assignee, receiver, or in other fiduciary capacity in which any bank, trust company, or other corporation is permitted to act under the laws of this State and under such rules and regulations as the Director of the Department of Finance may prescribe.

\_\_\_\_\_  
(Legal name of applicant)

\_\_\_\_\_  
(Legal address of applicant)

(Corporate Seal)

By: \_\_\_\_\_

Attest:

\_\_\_\_\_  
(Corporate Secretary)

**INFORMATION REQUIRED FOR  
APPLICATION OF A TRUST COMPANY**

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Proposed Name of Trust Company

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Physical Address

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Mailing Address

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City, State, Zip

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Telephone Number

- 1) Include four (4) copies of the Articles of Incorporation and two (2) copies of the By-Laws of the proposed trust company.
- 2) Include a certified copy of the resolution authorizing application.
- 3) Satisfactory proof that its entire capital stock has been paid in cash as provided for in § 26-3504, Idaho Code.
- 4) Satisfactory proof that the application will at all times maintain sufficient error and omissions coverage and directors' and officers' liability insurance.
- 5) State whether or not it is proposed that the applicant will be a member of the Federal Reserve System.
- 6) Include the names of those Idaho banks which will hold on deposit all trust funds received, as a result of fiduciary trust business within this state.

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**A. INFORMATION REGARDING PROPOSED CAPITALIZATION**

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*Reference is made to § 26-3504, Idaho Code, wherein a minimum capitalization of one million five hundred thousand dollars (\$1,500,000) is required for a charter. This is a minimum amount only, and the Director of the Department of Finance may require larger amounts.*

DESCRIPTION	AMOUNT
Common Stock ( _____ No. of Shares @ \$ _____ Par Value)	
Other Capital Segregations	
<b>TOTAL</b>	

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NOTE: Attach a copy of the stock subscriptions form and prospectus, if any, which will be used in connection with the issuance of capital stock.

List amounts and recipients of any fees or commissions paid in connection with the sale of stock: SALE PRICE PER SHARE

Minimum and maximum number of shares to be sold to any one person and his associates.



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**C. FINANCIAL PRO FORMA AND CONDITION**

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(1) If the applicant is an existing business entity, submit as a part of this application copies of the company's current financial statements (balance sheet and earnings), and year-end statements for the past three years.

(2) Pro Forma Statement of Condition - Beginning of Business

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<b>Assets</b>	<b>Amount</b>	<b>Liabilities &amp; Capital</b>	<b>Amount</b>
Cash and Due from Banks		All Liabilities (List)	
Investment Securities			
Premises, Furniture and Equipment			
Other Assets		<b>Total Liabilities</b>	
		Capital Stock	
		Other Capital Accounts	
		<b>Total Capital</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES &amp; CAPITAL</b>	

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**C. FINANCIAL PRO FORMA AND CONDITION (continued)**

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(3) Pro Forma Income and Expenses - Estimates

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Description	First Year	Second Year	Third Year	Fourth Year	Fifth Year
<hr/> NUMBER OF ACCOUNTS					
<hr/> Value of Trust Assets:					
Personal Trust Accounts					
<hr/> Employee Benefit Trusts					
<hr/> Corporate Trust Accounts					
<hr/> Escrow Accounts					
<hr/> Other Fiduciary Accounts					
<hr/> Total Value of Trust Accounts*					
<hr/> Trust Fees and Services					
<hr/> Charges (___% of Total Value of Trust Accounts)					
<hr/> Other Income					
<hr/> <b>GROSS INCOME</b>					
<hr/> Operating Expenses:					
Salaries and Benefits					
<hr/> Legal Fees					
<hr/> Consulting Fees					
<hr/> Occupancy Expense					
<hr/> Miscellaneous Expense					
<hr/> <b>TOTAL OPERATING EXPENSES</b>					
<hr/> <b>TOTAL ESTIMATED NET INCOME OR (LOSS)</b>					

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#### D. SERVICE AND MARKETING PLAN

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- 1) Describe the principal trust services which are proposed to be offered.
  
- 2) Provide a schedule showing, with respect to each of the principal types of fiduciary accounts which the company proposes to accept: (a) minimum size of account to be accepted, and (b) fees proposed to be charged.
  
- 3) Describe the manner in which the company proposes to market its trust services.
  
- 4) Provide a schedule of the number of corporate fiduciaries serving the area and an estimate, if possible, of the fiduciary business they administer.
  
- 5) As part of this application, the applicant should include a demographic study which (a) describes the geographical boundaries of the proposed service area, and (b) demonstrates that the population and general economy of the proposed area possess characteristics requiring fiduciary services.

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**E. PROPOSED PREMISES, FURNITURE AND EQUIPMENT**

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INSTRUCTIONS: Complete all appropriate sections below. Where not applicable insert N.A. or None. Copies of any completed contracts and leases should also be submitted for the confidential use of the Department of Finance.

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(1) **TYPE OF OCCUPANCY** (Check all which apply to indicate both type of quarters of opening and contemplated permanent quarters)

( ) Permanent quarters leased (Complete 2 and 3 following)

( ) Permanent quarters owned (Complete 2 and 4 following)

(2) **DESCRIPTION OF PREMISES**

Dimensions of Building \_\_\_\_\_

Dimensions of Lot \_\_\_\_\_

No. of Stories \_\_\_\_\_ No. of Parking Spaces \_\_\_\_\_

Type of Construction of Building \_\_\_\_\_

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Details of Building Interior (Mention all employee facilities and size of lobby area) \_\_\_\_\_

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(3) **PREMISES LEASED**

Name of Owner \_\_\_\_\_

Insurance to be Carried \_\_\_\_\_

Cost and Description of Leasehold Improvements \_\_\_\_\_

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Annual Rental \_\_\_\_\_ Annual Amortization \_\_\_\_\_

Terms of Lease \_\_\_\_\_

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Renewal Options \_\_\_\_\_

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**E. PROPOSED PREMISES, FURNITURE AND EQUIPMENT (continued)**

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**(4) PREMISES OWNED**

**EXISTING STRUCTURE**

Name of Seller \_\_\_\_\_

Date Constructed \_\_\_\_\_ Est. Useful Life \_\_\_\_\_

Cost and Description of Necessary Repairs and Alterations \_\_\_\_\_

Cost to Corporation \_\_\_\_\_ Assessed Valuation \_\_\_\_\_

Insurance to be Carried \_\_\_\_\_

Estimated Annual Depreciation \_\_\_\_\_

**PROPOSED STRUCTURE**

Name of Seller of Lot \_\_\_\_\_

Cost to Corporation \_\_\_\_\_ Cost of Construction \_\_\_\_\_

Est. Assessed Valuation \_\_\_\_\_ Est. Annual Depreciation \_\_\_\_\_

Insurance to be Carried \_\_\_\_\_

**TEMPORARY QUARTERS**

Location \_\_\_\_\_ Owner \_\_\_\_\_

Description \_\_\_\_\_

Distance and Direction from Permanent Quarters \_\_\_\_\_

Cost or Monthly Rental \_\_\_\_\_

Estimated Period Occupancy \_\_\_\_\_

**CONFIDENTIAL SECTION**

- 1) Attach a complete listing of all subscribers to the capital stock.
  
- 2) Attach a financial statement and resume for all incorporators, proposed directors and officers.
  
- 3) Attach any additional information or comments deemed appropriate under the circumstances.



**CONFIDENTIAL SECTION**

CONFIDENTIAL RESUME SUBMITTED  
TO THE DIRECTOR OF THE DEPARTMENT OF FINANCE

(If space provided is not sufficient, insert supplemental page with appropriate references thereto)

1. Full name \_\_\_\_\_  
Have you ever used (or been known under) any other name or names? \_\_\_\_\_  
(If answer is affirmative, give such name or names, dates used, and reasons)
2. Social Security Number \_\_\_\_\_
3. Residence Address \_\_\_\_\_  
(If you have lived at this address for less than ten years, please list former residence addresses and dates occupied for the past ten years.)
4. Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
6. Years Resident of Community \_\_\_\_\_ Marital Status \_\_\_\_\_
7. What is your present occupation or business affiliation? (in detail) \_\_\_\_\_  
\_\_\_\_\_
8. What were your former occupations and business affiliations? (in detail) \_\_\_\_\_  
\_\_\_\_\_
9. Have you every been arrested for other than minor traffic violations? \_\_\_\_\_  
(If the answer to Questions #9 is affirmative, attach statement giving full details including final disposition of each case.)
10. Has any corporation in which you have been a director, officer or substantial stockholder, or has any other form of business organization (including, but not limited to, partnerships, joint ventures and sole proprietorships) with which you have been associated or employed in any management capacity, ever been subject to criminal prosecution? \_\_\_\_\_ (If so, attach statement giving full details and final disposition thereof.)

CONFIDENTIAL SECTION

CONFIDENTIAL RESUME SUBMITTED  
TO THE DIRECTOR OF THE DEPARTMENT OF FINANCE  
(continued)

11. Have you, or has any corporation in which you have been a director, officer or substantial stockholder, or has any other form of business organization (including, but not limited to, partnerships, joint ventures and sole proprietorships) with which you have been associated or employed in any management capacity ever been:
- a) licensed to engage in any business or profession by any government agency?\_\_\_\_\_
  - b) refused a license to engage in any business or profession by any government agency, or has any such license every been suspended or revoked?\_\_\_\_\_
  - c) bankrupt, forced into liquidation, placed in receivership, or subject to similar proceedings?\_\_\_\_\_
  - d) named in any order, judgment or decree of any court, government agency or administrator, temporarily or permanently restrained or enjoined from engaging in or continuing any conduct, practice or employment?\_\_\_\_\_
  - e) refused a bond or had a bond revoked or canceled?\_\_\_\_\_

(If the answer to any part of Question 11 is affirmative, attach a statement giving full details.)

12. Are you, or is any corporation in which you have been a director, officer or substantial stockholder, or is any other form of business organization (including, but not limited to, partnerships, joint ventures and sole proprietorships) with which you have been associated or employed in any management capacity, a party to any civil action now pending?\_\_\_\_\_ (If so, attach a statement giving full details.)

The above information is certified to be complete and correct to the best of my knowledge.

Dated: \_\_\_\_\_, \_\_\_\_\_

Signature \_\_\_\_\_