

**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 the 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**

Proposed Name of Trust Company

Physical Address

Mailing Address

City, State, Zip

Telephone Number

- 1) Four (4) copies of the Articles of Incorporation and two (2) copies of the Bylaws of the proposed trust company.
- 2) A certified copy of the resolution authorizing application.
- 3) Satisfactory proof that the corporation's entire capital stock has been paid in cash as provided for in Idaho Code § 26-3504.
- 4) Satisfactory proof that the applicant will at all times maintain sufficient errors 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.

A. INFORMATION REGARDING PROPOSED CAPITALIZATION

Reference is made to Idaho Code § 26-3504, wherein a minimum capitalization of one million five hundred thousand dollars (\$1,500,000) is required for a charter.

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

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

B. GENERAL CHARACTER OF MANAGEMENT

- 1) List alphabetically the names and addresses of the proposed corporation's officers and directors. Indicate the title of each individual.

- 2) The name, academic training, present position, and fiduciary experience of the proposed trust officer(s). Attach detailed resumes.

- 3) The name of the attorney retained to act as counsel and the attorney's academic training and experience as fiduciary or attorney for fiduciaries.

C. FINANCIAL PRO FORMA AND CONDITION

- (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. Estimate the period of time that will be required for the proposed trust company to operate on a profitable basis and discuss any additional facts that might influence profitability.

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

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

C. FINANCIAL PRO FORMA AND CONDITION (continued)

(3) Pro Forma Income and Expenses - Estimates

Description	First Year	Second Year	Third Year	Fourth Year	Fifth Year
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NUMBER OF ACCOUNTS

Value of Trust Assets:

Personal Trust Accounts

Employee Benefit Trusts

Corporate Trust Accounts

Escrow Accounts

Other Fiduciary Accounts

Total Value of Trust Accounts

Trust Fees and Services

Charges (___% of Total
Value of Trust Accounts)

Other Income

GROSS INCOME

Operating Expenses:

Salaries and Benefits

Legal Fees

Consulting Fees

Occupancy Expense

Miscellaneous Expense

TOTAL OPERATING EXPENSES

TOTAL ESTIMATED NET INCOME OR (LOSS)

D. BUSINESS PLAN

- 1) Describe the principal trust services to be offered.

- 2) With respect to each of the principal types of fiduciary accounts that the company proposes to accept, provide a schedule showing: (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 corporate fiduciaries serving the same market area and the competitive role those corporate fiduciaries play, including their relative size and market share of trust business. The applicant should describe in what way it intends to draw from those institutions or otherwise establish its fiduciary customer base.

- 5) As part of this application, the applicant should (a) describe the geographical boundaries of the proposed service area, (b) demonstrate the need for fiduciary services in the proposed area, given the population and general economy of the proposed area, (c) demonstrate realistic assessments of risk in light of economic and competitive conditions in the market area, and (d) identify the degree to which business may be drawn from outside of the proposed market area.

- 6) Discuss any plans to acquire existing business.

E. PROPOSED PREMISES, FURNITURE AND EQUIPMENT

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

(1) **TYPE OF OCCUPANCY** (Check all which apply to both opening premises and contemplated permanent premises.)

- Opening premises leased (Complete 2 and 3) Permanent premises leased (Complete 2 and 3)
 Opening premises owned (Complete 2 and 4) Permanent premises owned (Complete 2 and 4)

(2) **DESCRIPTION OF PREMISES**

Dimensions of Building _____

Dimensions of Lot _____

No. of Stories _____ No. of Parking Spaces _____

Type of Construction of Building _____

Details of Building Interior (mention all employee facilities and size of lobby area) _____

(3) **PREMISES LEASED**

Name of Owner _____

Insurance to be Carried _____

Cost and Description of Leasehold Improvements _____

Annual Rental _____ Annual Amortization _____

Terms of Lease _____

Renewal Options _____

E. PROPOSED PREMISES, FURNITURE AND EQUIPMENT (continued)

(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 _____

E. PROPOSED PREMISES, FURNITURE AND EQUIPMENT (continued)

PROPOSED OR EXISTING TRUST ACCOUNTING SYSTEMS

Name of Trust Accounting System _____

Vendor Name _____

Description of System and Software Used: _____

Annual Cost: _____

CONFIDENTIAL SECTION

- 1) Attach a complete listing of all subscribers to the capital stock.

- 2) Attach a financial statement and biographical information for all incorporators, proposed directors and officers. If an existing corporation, please provide a list of shareholders and financial and biographical information for shareholders owning a controlling interest.

- 3) Attach any additional information or comments deemed appropriate under the circumstances.

CONFIDENTIAL SECTION

ADEQUACY OF THE CAPITAL STRUCTURE

INSTRUCTIONS: List all known subscribers to the capital stock of the proposed trust company.

NAME	PLACE OF RESIDENCE	NO. OF SHARES SUBSCRIBED

CONFIDENTIAL SECTION

BIOGRAPHICAL INFORMATION

(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. Home Address _____

Home Phone Number _____

If you have lived at the above address for less than ten years, please list former residential 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)

Confidential Section – Biographical Information (continued)

9. List each professional license or similar certificate you now hold or have held, including date last obtained or renewed and expiration date.

<u>License, Designation, Certificate</u>	<u>Date</u>	<u>Date Expired</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Have you ever been arrested for, charged with, indicted for, or convicted of (including a conviction where the record was expunged), or ever pleaded *nolo contendere* to, any criminal matter (other than minor traffic violations)? (If yes, please attach a statement giving full details, including final disposition of each case.)

11. 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 yes, attach statement giving full details and final disposition thereof.)

12. 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 ever 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 12 is yes, attach a statement giving full details.)

Confidential Section – Biographical Information (continued)

13. 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, ever been a party to any civil action? _____ (If yes, attach a statement giving full details.)

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

Dated: _____, _____ Signature _____