



STATE OF NEVADA  
FINANCIAL INSTITUTIONS DIVISION  
DEPARTMENT OF BUSINESS AND INDUSTRY  
ATTN: APPLICATION PROCESSING  
1830 E. COLLEGE PARKWAY, SUITE 100  
CARSON CITY, NV 89706

Phone: (775) 684-2970  
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<http://www.fid.nv.gov>

Documents Received On

**APPLICATION FOR LICENSING FAMILY TRUST COMPANY**  
**NRS & NAC CHAPTER 669A AND CHECKLIST**

File all applicable attachments listed below to apply for the initial registration as a Family Trust Company

**I. Name of Applicant**

Legal name of Applicant

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

**2. Principal business address. (Do not use a P.O. Box)**

Address Line 1

Address Line 2

City

State

Zip Code

Primary Phone Number

Toll Free Phone Number

Fax Number

**3. Name of Agent.**

Agent to represent and appear for the undersigned before the Commissioner of Financial Institutions and to receive all correspondence and documents, in respect to this application, In accordance with annexed Appointment of Agent.

**REPRESENTATIONS**

THE UNDERSIGNED, in seeking approval to organize a trust company hereby jointly and severally represent and warrant to the Commissioner of Financial Institutions Division as follows:

Full Name (Last Name, First Name MI)

Mailing Address Line 1

Mailing Address Line 2

Mailing City

E-mail

Mailing State

Phone Number

Ext.

Mailing Zip Code

Fax Number

#### 4. Officer of the Family Trust. (Must be resident of Nevada)

|                                      |               |      |                  |
|--------------------------------------|---------------|------|------------------|
|                                      |               |      |                  |
| Full Name (Last Name, First Name MI) |               |      |                  |
|                                      |               |      |                  |
| Mailing Address Line 1               |               |      |                  |
|                                      |               |      |                  |
| Mailing Address Line 2               |               |      |                  |
|                                      |               |      |                  |
| Mailing City                         | Mailing State |      | Mailing Zip Code |
|                                      |               |      |                  |
| E-mail                               | Phone Number  | Ext. | Fax Number       |

#### 5. Designated relative (Family Member)

|                                      |               |  |                  |
|--------------------------------------|---------------|--|------------------|
|                                      |               |  |                  |
| Full Name (Last Name, First Name MI) |               |  |                  |
|                                      |               |  |                  |
| Mailing Address Line 1               |               |  |                  |
|                                      |               |  |                  |
| Mailing Address Line 2               |               |  |                  |
|                                      |               |  |                  |
| Mailing City                         | Mailing State |  | Mailing Zip Code |

#### 6. Shares issued by it be Allocated

|                             |  |
|-----------------------------|--|
| Capital                     |  |
| Surplus                     |  |
| Total capitalization        |  |
| Number of shares authorized |  |
| Number of shares issued     |  |
| Par value per share         |  |
| Sale price per Share        |  |

## 7. 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 a license.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## II. Checklist for Applicants

- III. ☐ Trust Family Initial Application;
- IV. ☐ Initial Application Fee of \$1500, and Initial Licensing Fee of \$1500. Make check(s) payable to "Nevada Financial Institutions Division";
- V. ☐ **For each Director, Officer, manager or member acting in a managerial capacity:**
- 3a. ☐ Personal History Form-The Fingerprint Background Waiver in the Personal History Record form must be signed and dated before the fingerprints are completed. If the fingerprint card is dated before the waiver form, the fingerprint cards will be rejected.
- 3b. ☐ Personal History Report and Fingerprint Cards
- Nevada Residents: Nevada residents must submit fingerprints through an approved LiveScan vendor. Approved vendors can be found here: <https://fc.nccis.nvdps.gov/NCCISLocateFP/> Refer to the [Nevada Resident Fingerprint](#) document for important information.
  - Non-Nevada Residents: Please have prints taken on Form FD-258. Most fingerprint vendors will stock this standard card form.
4. ☐ Nevada State Business License; (*obtain from the Nevada Secretary of State*)
5. ☐ A copy of appropriate municipal (city/county) business license for principal office;
6. ☐ Financial Projections – provide two years of projected financial statements including a projected balance sheet and projected income statement. Projections should be prepared on a quarterly basis, with sufficient detail to demonstrate the applicant's anticipated financial condition, operating performance, and ability to meet applicable regulatory requirements.
7. ☐ Copy of the Lease Agreement
8. ☐ Current Copy of the Fidelity Bond(s) and Insurance (if applicable). **NRS 669A.250**
9. ☐ **Corporations and LLCs:**
- 9a. ☐ Articles of Incorporation from the Nevada Secretary of State (Applicants with Nevada locations); or,
- 9b. ☐ Certificate of Organization from the Nevada Secretary of State (Applicants with Nevada locations); or,
- 9c. ☐ Qualification to do Business in Nevada (Foreign Authority filed) with the Nevada Secretary of State .
- 9d. ☐ Certificate of Good Standing with Nevada Secretary of State.
10. ☐ Management Chart
11. ☐ Ownership Structure Chart

### Applicants using DBA's or Trade Names:

1. ☐ Trade Name Affidavit(s) from the appropriate municipal (city/county) business license.

## APPOINTMENT OF AGENT

KNOW all persons by these presents, that the undersigned hereby make, constitute, appoint, and designate

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(First Name) (Middle Name) (Last Name)  
as our sole and exclusive agent.

IN connection with this application, said Agent is hereby authorized to represent and appear for the undersigned before the Commissioner and except in instances where the Commissioner shall require personal actions by the undersigned, said Agent is hereby empowered and authorized to do and perform all and every act or thing whatsoever necessary, as fully and to all intents and purposes as the undersigned might or could do if personally present at the doing thereof, and to receive all correspondence and documents from the Commissioner of Financial Institutions.

THE Agency created hereunder shall automatically terminate upon the date the proposed trust company shall become a body corporate and the interim directors thereof appointed in accordance with the law.

THE Agency created hereunder is, and shall be, irrevocable except by resolution adopted by a majority of the undersigned, which resolution shall be certified to the Commissioner by the undersigned voting for the same.

THE undersigned jointly and severally represent and warrant to the Commissioner of Financial Institutions that the complete terms of the agreement with said Agent pertaining to compensation of said Agent for services performed, and to be performed by said Agent, are as follows, and that the undersigned are not directly or indirectly party to any other written or oral agreement or understanding with said Agent relating to such compensation including any agreement or understanding which provides for any payment to said Agent solely contingent upon any action, decision, or forbearance on the part of the Commissioner of Financial Institutions Division.

THIS is to certify and warrant to the Commissioner of Financial Institutions Division that the undersigned Agent is not directly or indirectly a party to any written or oral agreement in relation to this Application for a Proposed New Trust Company under the terms of which the undersigned Agent has been paid, or will be paid, any money or other thing of value solely contingent upon the taking of any action, decision or forbearance to take action on the part of the Commissioner of Financial Institutions Division.

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Signature of Agent

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Date

Print Form