

**APPLICATION FOR AUTHORITY TO ESTABLISH A TRUST SERVICE OFFICE**

Pursuant to Section 660.33(a), Florida Statutes, an application is hereby made for authority to establish a trust service office.

**NAME AND ADDRESS OF SERVICING STATE FINANCIAL INSTITUTION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City or Town) (County) (Zip Code)

\_\_\_\_\_  
(Proposed Trust Service Office Location (Exact Street Address))

(Name of Host Financial Institution)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City or Town) (County) (Zip Code)

Additional details concerning this application may be obtained from:

\_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
(Mailing Address)

Telephone: ( ) \_\_\_\_\_

Mail the original only of this form to:

Director  
Office of Financial Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0371

Application fee of \$1500 payable to the Office of Financial Regulation is attached for deposit to the Financial Institutions Regulatory Trust Fund.

Org: 43843000000  
Flair Object Code: 001070  
EO: V1  
Revenue Source Code: 226



The undersigned hereby certify that the Board of Directors passed a resolution on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ directing the officers of the Applicant State Financial Institution to prepare and file this application for permission to establish this trust service office. The undersigned hereby attest to the adoption of the necessary resolution and certify to the correctness of all information submitted in support of this application.

\_\_\_\_\_  
(Name of State Financial Institution)

(Seal)

By: \_\_\_\_\_  
President / Vice President

Attest: \_\_\_\_\_  
Cashier / Secretary

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_