**STATE OF ILLINOIS**

**Department of Financial and Professional Regulation**

**Division of BankING**



**APPLICATION FOR A CERTIFICATE OF AUTHORITY TO BE AUTHORIZED AS A FOREIGN CORPORATE FIDUCIARY PURSUANT TO THE ILLINOIS CORPORATE FIDUCIARY ACT**

**NOTICE TO APPLICANT**

Under the provisions of the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq., this application is considered a public document and available to the public upon request, with the exception of the Automated Clearing House (ACH) transaction information on the Designation for Automated Clearinghouse Payment of Regulatory Fees part of the application.

If the applicant is of the opinion that disclosure of commercial or financial information would likely result in substantial harm to the competitive position of the applicant or that disclosure of information of a personal nature would result in a clearly unwarranted invasion of personal privacy, a request for confidential treatment must be submitted in writing concurrently with the submission of the application and must discuss in detail the justification for confidential treatment. Such justification must be provided for each response or exhibit for which confidential treatment is requested.

The applicant's reasons for requesting confidentiality should demonstrate specifically the harm that would result from public release of the information. A statement simply indicating that the information would result in competitive harm or that it is personal in nature is not sufficient. A claim that disclosure would violate the law or policy of another state is not, in and of itself, sufficient to exempt information from disclosure. It must be demonstrated that disclosure would either cause "competitive harm" or present an unwarranted invasion of personal privacy.

Information for which confidential treatment is requested should be: (1) specifically referenced in the public portion of the application by reference to the confidential section; (2) separately bound; and (3) labeled "Confidential."

The applicant should follow this same confidentiality procedure when filing any supplemental information to the application.

The Department of Financial and Professional Regulation ("Department") will determine whether information submitted as confidential will be so regarded and will advise the applicant of any decision to make available to the public information labeled "Confidential." However, the Department, without prior notice to the applicant, may disclose or comment on any of the contents of the application in the approval issued by the Department in connection with the Agency's decision on the application.

The Department is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under Section 4-5 of the Corporate Fiduciary Act [205 ILCS 620/4-5]. Disclosure of this information is REQUIRED. Failure to provide all of the required information will result in this form not being processed. This form has been approved by the Department Forms Coordinator.

**Application for a Certificate of Authority to be Authorized as a**

**Foreign Corporate Fiduciary**

**Instructions**

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1. Applications should be submitted in an electronic version or by e-mail. A paper version may be submitted as an alternative, but an electronic version in either a Word or Excel format is preferred. The application and non-refundable filing fee, made payable to the “Department of Financial and Professional Regulation”, must be submitted to the Springfield office.

**Department of Financial and Professional Regulation**

**Division of Banking**

**Corporate Activities Section**

**320 West Washington Street**

**Springfield, IL 62786**

**Applications may also be submitted electronically to:** IDFPR.BanksandTrustApps@illinois.gov

**The schedule of filing fees is available at:** <http://www.ilga.gov/commission/jcar/admincode/038/038003700000300R.html>

If you are submitting your application by e-mail, please send a copy of the application transmittal letter along with payment to ensure it is credited to the correct application.

2. This application must be complete and accompanied by all of the required information before it will be accepted for processing.

3. Additional pages may be attached to this application as inserts wherever the space provided in the application is insufficient. Label additional pages with the preceding page number followed by a letter (i.e., 3a, 3b…). Completion of the *Designation for Automated Clearinghouse Payment of Regulatory Fees* form is required.

4. All questions should be answered completely. Responses of "no" or "none" should be indicated as such. Responses to questions made by referring to other documents are not acceptable.

5. Questions pertaining to this application should be directed to the Corporate Activities Section at (217) 785-2900.

6. Questions pertaining to the payment of annual regulatory fees or ACH transactions should be directed to the Compliance Reporting Section at (217) 785-2900.

 **Special Provisions Governing Foreign Fiduciaries**

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1. Any foreign corporation acting in the State of Illinois in a fiduciary capacity pursuant to the provisions of the Act shall be deemed to have appointed the Illinois Secretary of State to be its true and lawful attorney upon whom may be served all legal process in any action or proceeding against it relating to or growing out of any trust, estate or matter in respect of which such foreign corporation has acted or is acting in Illinois in any such fiduciary capacity.

2. The Certificate of Authority shall remain in full force and effect until such time as such foreign corporation ceases to be eligible to act under the provisions of the Act. A foreign corporate fiduciary who has obtained a Certificate of Authority from the Department shall pay an annual licensing fee and submit the Foreign Corporate Fiduciary Annual Report.

**Required Information**

**Attach the Following Information as Exhibits to the Application**

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1. Documentary evidence that the applicant is authorized by the laws of the state of its organization or domicile to act as a fiduciary in that state.

If Applicant is a national banking association, federal savings and loan association, or federal savings bank, documentary evidence that such bank or association has been authorized to act in fiduciary capacities by the Office of the Comptroller of the Currency.

2. Documentary evidence that a corporation organized under the laws of the State of Illinois, a national banking association, federal savings and loan association or federal savings bank having its principal place of business in the State of Illinois, may, in such other state, act, in a similar fiduciary capacity or capacities, as the case may be, upon conditions and qualifications which are not unduly restrictive when compared to those imposed by the laws of Illinois.

Such documentary evidence should include a copy of:

a. The statutes and administrative rules of the other state which authorizes foreign corporations to act in a fiduciary capacity in that state.

b. A letter from the state banking authority of the state of the applicant's principal place of business indicating the terms and conditions (i.e., requirement to file an application, the payment of application and annual fees, the requirement to post a bond or pledge securities, or other requirements of the state authorities) required to qualify as a foreign fiduciary in that state and the fiduciary powers available.

3. Completion of the *Designation for Automated Clearinghouse Payment of Regulatory Fees* form by either the president, a vice president or cashier of the organization. Payment of annual fees by ACH transfer is required under Illinois Administrative Code Title 38 Part 375.70. A copy of this form is attached to the application.

4. Completion of the *Non-Financial Data Survey Form* which is attached to the application.

5. List the name, address, telephone number, and email address of the individual who may be contacted to provide additional information with respect to this application.

**Application for a Certificate of Authority to be Authorized as a Foreign Corporate Fiduciary**

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1.

 Name of Applicant Institution

 Name of Primary Contact Person

 Address

 City State Zip Code

 Telephone Number Fax Number

 E-Mail Address Web Address of Institution

2. Applicant is (check one):

[ ]  Incorporated under the laws of the State of:

[ ]  A national banking association.

[ ]  A federal savings and loan association.

[ ]  A federal savings bank.

3. Indicate the fiduciary capacity or capacities in which the applicant desires to act in the State of Illinois:

[ ]  Trustee/Agreement

[ ]  Trustee/Will

[ ]  Trustee/Bond Indenture, Mortgage, or Other Indebtedness

[ ]  Executor

[ ]  Administrator

[ ]  Administrator to Collect

[ ]  Guardian

[ ]  Other (Please specify)

4. Indicate the authority by which the applicant is granted fiduciary powers (OCC, State):

**Application for a Certificate of Authority to be Authorized as a Foreign Corporate Fiduciary**

**Application Certification**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned attests that I am the President or Chief Executive Officer of the applicant institution, and further that I am authorized to sign this application and that the statements herein are true and correct to the best of my knowledge and belief. I understand that the submission of false information with the intent to deceive the Department or its administrative officers is a felony.

Signature

Typed Name Title

Address

City State Zip Code

Telephone Number Email Address

Date

The undersigned attests that I am the Vice President, Corporate Secretary or Cashier of the applicant institutions, and further that I am authorized to sign this application and that the statements herein are true and correct to the best of my knowledge and belief. I understand that the submission of false information with the intent to deceive the Department or its administrative officers is a felony.

Signature

Typed Name Title

Address

City State Zip Code

Telephone Number Email Address

Date

**DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**

**Division of Banking**

|  |
| --- |
| **DESIGNATION FOR AUTOMATED CLEARINGHOUSE PAYMENT OF REGULATORY FEES** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **DFPR Account #:** |  |
| **Address:** |  |
| **City, State, Zip Code:** |  |

The undersigned hereby acknowledges that the Department of Financial and Professional Regulation (“Department”), Division of Banking will initiate debit entries to the account at the Depository or entity designated below, for the purpose of collecting assessed supervisory fees. It is further acknowledged that it remains the institution's responsibility to notify the Department of changes in depositories or account numbers and to have adequate funds in the account to be debited to be able to properly pay the remittance due to the Department. If the institution does not have an account at a facility that does not participate in the Automated Clearing House (ACH) Program, you must contact a qualifying institution and establish an account for regulatory payments.

**Please type or print legibly:**

|  |  |  |  |
| --- | --- | --- | --- |
| DEPOSITORY NAME: |       | CITY: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ACCOUNT NAME: |       | STATE: |       | ZIP: |  |

**Please check one of the following:**

[ ]  This is an account held within my institution.

[ ]  This is an account held with a Correspondent Financial institution. (NOTE: If you choose this box, the Routing Transit Number below should be that of your Correspondent.)

[ ]  This is an account held with my Holding Company. (NOTE: If you choose this box, the Routing Transit Number below should be that of your Holding Company.)

**ROUTING TRANSIT NUMBER OF FINANCIAL ACCOUNT NUMBER TO BE DEBITED**

**INSTITUTION ABOVE (9 digit number): (17 digit maximum):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **TYPE OF ACCOUNT (Please check one):** | [ ]  | Direct Deposit (Checking) | [ ]  | General Ledger | [ ]  | Savings |

The undersigned agrees to notify the Department, or cause the Department to be notified either by using the Automated Clearing House Network or by written notification of a change of the above designated Routing Transit Number or Account Number at least 30 days prior to the next established payment date.

The undersigned acknowledges that failure to allow the Department of Financial and Professional Regulation to debit assessments from the designated deposit account or to ensure that funds in an amount at least equal to the invoiced amount are available to the Department for direct debit shall be deemed to constitute nonpayment of the assessment. This authorization revokes all prior direct authorization notifications applicable to the debits and will remain in effect until revoked by written notification.

The method of fee collection shall be governed by the rules of the National Automated Clearing House Association, and the Uniform Commercial Code.

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| **Authorized Representative:** |       | **Title:** |       |

  ***[Please print] [Please print]***

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| --- | --- | --- | --- |
| **Telephone Number:** | (       )       | **E-Mail Address:** |        |

 ***[Please print]***

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| --- | --- | --- | --- |
| **Signed:** |   | **Date:** |        |

 ***(May only be authorized by President, Vice-President or Cashier of the Institution) [Please print]***

**Please complete this form and return no less than 30 days prior to the established payment date to:**

IDFPR - DIVISION OF BANKING

 Bureau of Banks, Trust Companies, and Savings Institutions **Phone: (217) 785-2900**

 320 West Washington Street **Fax: (217) 557-0330**

Compliance Reporting – 5th Floor

Springfield, Illinois 62786

IL.BANKS@Illinois.gov - [www.IDFPR.com](http://www.IDFPR.com)

IL505-0687 (Rev. 10/2020)

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|  | **Illinois Department of Financial and Professional Regulation****Division of Banking** |
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**Non-Financial Data Survey Form**

The Division of Banking is requesting disclosure of information reflected on this form. Disclosure of this information is mandatory. Your institution may not match these specific titles. Please list the contact information for the officers that normally perform these duties or functions at your institution. You may only list one (1) staff member per title.

Institution Name:

Institution Street Address:

Institution City, State Zip Code:

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| **EMAIL ALERT SYSTEM INFORMATION – BROADCAST MESSAGE INFORMATION** |

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| **Contact Type / Name / Title** |  | **Address** |  | **Business Phone / E-Mail / Emergency After Hours Phone** |
| **Primary E-Mail Contact** |  |   |  |   |
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| **Billing Contact (E-Mail)** |  |   |  |   |
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|   |  |   |  |   |
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| **Main Phone Number** |  |   |
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| **Fax Number** |  |   |
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| Is this institution publicly traded? 🞏 Yes 🞏No |
| Does this institution maintain a pension plan for its employees? 🞏 Yes 🞏No |
| If the pension fund is maintained by this institution, is the pension fund managed by your own trust department? 🞏 Yes 🞏 No 🞏 N/A |
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| **COMMERCIAL BANK, SAVINGS BANK, & CORPORATE FIDUCIARY KEY OFFICER INFORMATION** |
| **Contact Type / Name / Title** |  | **Address** |  | **Business Phone / E-Mail / Emergency After Hours Phone** |
| **Chief Executive Officer** |  |   |  |   |
|   |  |   |  |   |
|   |  |   |  |   |
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| **Alternate E-Mail Contact** |  |   |  |   |
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| **COMMERCIAL BANK, SAVINGS BANK & CORPORATE FIDUCIARY KEY OFFICER INFORMATION (Cont.)** |
| **Contact Type / Name / Title** |  | **Address** |  | **Business Phone / E-Mail / Emergency After Hours Phone** |
| **Chief Operating Officer** |  |   |  |   |
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|  |  |  |  |  |
| **President** |  |   |  |   |
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| **Cashier/CFO** |  |   |  |   |
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| **Trust Officer** |  |   |  |   |
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| **Chairman of the Board** |  |   |  |   |
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| **Compliance Officer** |  |   |  |   |
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| **Default & Foreclosure Contact** |  |   |  |   |
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| **FOREIGN BANKING OFFICE KEY OFFICER INFORMATION** |
| **Contact Type / Name / Title** |  | **Address** |  | **Business Phone / E-Mail / Emergency After Hours Phone** |
| **General Manager** |  |   |  |   |
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| **Regional Manager** |  |   |  |   |
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| **Compliance Officer** |  |   |  |   |
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| **FOREIGN BANK REPRESENTATIVE OFFICE & FOREIGN CORPORATE FIDUCIARY KEY OFFICER INFORMATION** |
| **Contact Type / Name / Title** |  | **Business Address** |  | **Business Phone / E-Mail / Emergency After Hours Phone** |
| **Annual Renewal Contact**  |  |   |  |   |
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| **General Manager at Rep. Office** |  |   |  |   |
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| **I certify that the information provided on this form is true and complete to the best of my knowledge and belief.** |
| Signature of Officer: |  |   |  | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Typed Name: |  |   |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Completed By (printed): |  |   |  | Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please Return Form To:**

Illinois Department of Financial and Professional Regulation

Division of Banking

ATTN: Compliance Reporting Section, 5th Floor

320 West Washington Street

Springfield, Illinois 62786

Email: IL.Banks@illinois.gov

[www.idfpr.com](http://www.idfpr.com)