



Illinois Department of Financial and Professional Regulation

Division of Banking

Pat Quinn
Governor

Brent E. Adams
Acting Secretary

JORGE A. SOLIS
Director
Division of Banking

MEMORANDUM

TO: **Foreign Corporate Fiduciaries**
FROM: **Jorge A. Solis, Director**
DATE: **October 27, 2009**
SUBJECT: **2009 Annual Foreign Corporate Fiduciary Report**

In accordance with the provisions of Section 5-1(h) of the Illinois Corporate Fiduciary Act (Act) [205 ILCS 620/5-1(h)], the Illinois Department of Financial and Professional Regulation, Division of Banking (Department), hereby requests that you complete the attached report concerning your authorization to act in a fiduciary capacity in Illinois. Additionally, Section 5-10(a) of the Act [205 ILCS 620/5-10(a)] authorizes the imposition of reasonable fees to recover the cost of the administration of the Act. The current annual fee established for a foreign corporate fiduciary is \$100.00.

The Department will collect this fee via an Automated Clearing House (ACH) Transaction. If an ACH form was submitted in 2008 and the account information remained unchanged no other documentation is required. If no ACH form was submitted or there was a change you are required to complete the "Designation for Automated Clearinghouse Payment of Regulatory Fees" form and submit the form by **December 1, 2009** to, IDFPR-Division of Banking, 320 West Washington Street, Springfield, Illinois 62786. The form is available on our website at: <http://www.obre.state.il.us/CBT/FORMS/achform.doc>. A signed copy of the form may be faxed to (217) 557-0330. On **December 31, 2009** the Department will debit the \$100.00 fee from the account designated. Please ensure that sufficient funds are available in the account to meet your statutory requirement. No other payment form will be accepted.

The completed annual report should be submitted to this office postmarked no later than **December 31, 2009**. If you are no longer acting in a fiduciary capacity in Illinois and desire to surrender your Certificate of Authority, please complete the enclosed certification form and return it to our office.

The completion of this report and the submission of the annual fee are required under Illinois law. In accordance with the provisions of Section 5-9(d) of the Act [205 ILCS 620/5-9(d)], failure to complete the report or submit the annual fee may result in a fine of \$100 per day for each day of noncompliance.

Please contact Elba Acevedo at (312) 793-2286, if you have any questions or concerns.

Enclosures

FOREIGN CORPORATE FIDUCIARY REPORT

For the Calendar Year Ending

2009

of

Legal address on file for the institution:

Legal Contact and Contact Telephone Number: (Must be provided): _____

ACH Form:

1. Indicate any changes in the name and address of your institution if different than Address on file with the Division of Banking.

Name	
Address of institution Phone number (Street Address/City / State and Zip Code)	

2. Indicate the name and address of your institution at the time the Certificate of Authority (COA) to act as a foreign fiduciary was issued, if different from above.

Name of institution upon issuance of COA	
Address of institution upon issuance of COA	

3. Indicate the authority by which the institution was granted fiduciary powers (i.e., state banking department, Office of Thrift Supervision, Comptroller of the Currency), and if there has been any change in said authority or charter since the last report was filed with the Illinois Department of Financial and Professional Regulation. If a Change occurred, provide documentation from the chartering entity.

4. Indicate the specific fiduciary capacities in which you are currently acting in the State of Illinois. (Do not list specific accounts but rather the capacity [i.e., trust under will, trustee under corporate bond indenture, trustee for employee benefit accounts, etc.]). Review certificate of authority for chartered powers.

1.

5.

2.

6.

3.

7.

4.

8.

5. Does the institution intend to act in any other capacity not listed in Question 4, and for which the institution has not been currently granted the authority to act? (Note that the institution may not act in additional capacities without the approval of the Illinois Department of Financial and Professional Regulation).

6. Does the institution desire to continue to retain its authority to act as a fiduciary in Illinois? If not, please provide a certification that your institution is no longer acting in a fiduciary capacity in Illinois.

YES

NO If no, then please complete the enclosed surrender form. Form must be submitted for deactivation.

7. Provide the name and phone number of at least one officer of the institution that the Illinois Department of Financial and Professional Regulation may contact concerning the institution acting as a fiduciary in Illinois.

Foreign Corporate Fiduciary Contact Officer:

Name (print):

Title:

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Area Code and Phone Number:

Business Address:

Business E-Mail:

8. Has the institution established any trust representative offices in the State of Illinois? If yes, for each representative office maintained by the institution list (a) the address and telephone of each, (b) the name and title of the person in charge of each location, and (c) the activities performed at each location. Please attach a document if you do not have enough room here.

Number of trust representative offices in the State of IL _____

1.

_____ Office Address	_____ () Phone Number of Office
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Name of Person who manages this location

Title

Activities performed at this Office:

2.

_____	()
Office Address	Phone Number of Office
_____	_____
Name of Person who manages this location	Title

Activities performed at this Office:

3.

_____	()
Office Address	Phone Number of Office
_____	_____
Name of Person who manages this location	Title

Activities performed at this Office:

4.

_____	()
Office Address	Phone Number of Office
_____	_____
Name of Person who manages this location	Title

Activities performed at this Office:

5.

_____	()
Office Address	Phone Number of Office
_____	_____
Name of Person who manages this location	Title

Activities performed at this Office:

I hereby certify that the information contained in this report is true and complete to the best of my knowledge and belief. I understand that the submission of false information with the intention to deceive the Secretary or his administrative officers is a felony, 205 ILCS 620/8-1.

Signature

Typed Name

Title

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Area Code and Phone Number

Business Email @

I, _____, a Notary Public, in and for the County of _____,
and State of _____, do hereby certify that the individual signing above appeared
before me and is personally known to be the same person who executed the foregoing document
and acknowledged that he/she executed the same for the purposes therein set forth.

Given under my hand and official seal, this _____ day of

Notary Public

My Commission Expires _____



Illinois Department of Financial and Professional Regulation
Division of Banking
 320 West Washington Street
 Springfield, Illinois 62786
 Phone: (217) 785-2900 Fax: (217) 557-0330

**CERTIFICATE OF EXECUTIVE OFFICER OF A FOREIGN CORPORATE FIDUCIARY
 DESIRING TO SURRENDER ITS CERTIFICATE OF AUTHORITY
 TO ACT IN THE STATE OF ILLINOIS**

The undersigned, _____, being the duly authorized and acting _____ of _____ (*Corporation), having its principal place of business at _____, County of _____, State of _____, pursuant to Section 4-5(d) of the Illinois Corporate Fiduciary Act, 205 ILCS 620/4-5(d), hereby certifies to the following:

1. The Corporation received a Certificate of Authority dated _____, _____, authorizing it to act as a Foreign Corporate Fiduciary in the State of Illinois;
2. To the best of my knowledge and belief, the Corporation is not now acting as testamentary trustee, trustee appointed by any court, trustee under any written agreement, declaration or instrument of trust, executor, administrator, administrator to collect, guardian, or in any other fiduciary capacity in the State of Illinois;
3. It is understood that prior to acting as a fiduciary in the State of Illinois, the Corporation must first apply for and receive a Certificate of Authority from the Secretary of the Illinois Department of Financial and Professional Regulation.

 Executive Officer
 Given under my hand and official seal, this _____ day of _____

 Notary Public

My Commission Expires _____