TO: All Illinois Foreign Corporate Fiduciary Institutions

FROM: Kerri A. Doll, Director

DATE: November 15, 2016

SUBJECT: 2016 Annual Foreign Corporate Fiduciary Report

In accordance with the Corporate Fiduciary Act [205 ILCS 620/5-1 (h)], the Illinois Department of Financial & Professional Regulation, Division of Banking, hereby requests that you complete the attached forms concerning your authorization to act in a fiduciary capacity in Illinois. Additionally, the Act [205 ILCS 620/5-10(a)] authorizes the imposition of reasonable fees to recover the cost of administration of the Act. The current annual fee for a Foreign Corporate Fiduciary is $100.00. This Annual Report is due to the Department no later than December 1, 2016. The report may be submitted electronically to IL.BANKS@Illinois.gov.

The Department will collect your regulatory fee on December 30, 2016 via an Automated Clearing House (ACH) transaction for the calendar year 2016. The funds will be withdrawn from account number «ACH_Acct_» & routing number «ACH_Rting_»«ACH_Ck_Digit», which we currently have on file for your institution. If your bank account information remains unchanged, you only need return the Annual Foreign Corporate Fiduciary Report for 2016. If there is no ACH information listed above or there was a change in your bank account information as shown, you are required to complete a “Designation for Automated Clearinghouse Payment of Regulatory Fees” form & submit the form to us no later than December 1, 2016. The ACH forms should be e-mailed or faxed to the contact listed on the bottom of the form. On December 30, 2016 the Department will debit the $100.00 fee from the account you have designated. Please ensure there are sufficient funds available in the account to meet your statutorily required fees. The funds should remain in the account for at least 10 days after December 30, 2016. No other payment form will be accepted in accordance with Illinois Administrative Rule Title 38, Chapt.II, Sect. 375.70.

The completed Annual Report & ACH change form should be submitted to this office postmarked no later than December 1, 2016. If you submit this report via fax or e-mail, it is not necessary to follow-up with a hard copy. If you are no longer acting in a fiduciary capacity in Illinois & desire to surrender your Certificate of Authority, please complete the enclosed Certificate of Executive Officer of a Foreign Corporate Fiduciary Desiring to Surrender its Certificate of Authority to Act in the State of Illinois form. Return the Certificate of Surrender form back to the Department with your original Certificate of Authority (COA) attached. If you wish to change the type of fiduciary powers you have been granted, you may contact our Corporate Activities office at IL.Banks@Illinois.gov.

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

Please contact Diana Rogers, Compliance Supervisor at (217) 524-5364 should you have any questions.

KAD:mcr
Enclosures
FOREIGN CORPORATE FIDUCIARY ANNUAL REPORT
For the Calendar Year Ending
December 31, 2016

Legal address on file for the institution: (List the following:)
  Business Name – Account Number with Illinois – E-mail Address
  ATTN: Full name of Contact Person W/ Full Business Address

1. Indicate any changes in the name & address of your institution if different than Address above:

   Name

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

2. Indicate the authority by which the institution was granted fiduciary powers (i.e., State
Banking Department, 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 you list State, please indicate which state.**

STATE:

3. 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.]).
   1.  
   2.  
   3.  
   4.  
   5.  
   6.  
   7.  
   8.  

4. 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). **IF YES, SUBMIT the Form IL 505-0296,**
**Application to Amend A Certificate of Authority of A Foreign Corporate Fiduciary to
Authorize Additional Powers,** which is available on our website at www.IDFPR.com.
5. Does the institution desire to continue to retain its authority to act as a fiduciary in Illinois? YES □ NO □  If no, please complete the enclosed form, IL505-0367, Certificate of Executive Officer of A Foreign Corporate Fiduciary Desiring to Surrender its Certificate of Authority to Act in the State of Illinois, and attach the original Certificate of Authority (COA) (if available).

6. Provide the name, telephone number and contact information 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 Annual Renewal Contact Officer:

- Full Name (print):
- Title:
- Area Code and Phone Number:
- Full Business Address:
- Business E-Mail (must provide):
- City/State/Zip:

7. Has the institution established any trust representative offices in the State of Illinois? YES □ NO □

If yes, for each representative office maintained by the institution (Question #1), list the address and telephone number of each, the name and title of the person managing each location, and the fiduciary activities performed at each location. Please attach a separate document if you do not have enough room on the annual report.

Number of trust representative offices in Illinois ______

<table>
<thead>
<tr>
<th>Office Address</th>
<th>Phone Number of Office</th>
<th>Name of Person who manages this location</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Activities performed at this Office:
CERTIFICATION
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

Printed/Typed Name

Title

( ) ( )
Area Code and Phone Number Fax Number

Mailing Address

City/State Zip Code

Business Email

Please Note:
If your institution’s Automated Clearing House (ACH) information has changed since the last Annual payment, a Designation For Automated Clearinghouse Payment of Regulatory Fees Change form has been attached for your convenience. This ACH Designation form must be returned to the Department no later than Close of Business on Friday, December 9th, 2016 for ACH changes to be effective this year.
Please complete the following information:

**President**

Printed/Typed Name

(____)_______ (____)_______

Area Code and Phone Number Fax Number

Mailing Address

City/State Zip Code

@ Business Email

**Chief Executive Officer OR Managing Director**

Printed/Typed Name

(____)_______ (____)_______

Area Code and Phone Number Fax Number

Mailing Address

City/State Zip Code

@ Business Email

Main Bank Telephone Number: ____________

Main Bank Facsimile Number: __________

PLEASE NOTE:
You MUST answer the following question, EVEN IF THE ANSWER IS ZERO:

Please indicate the number of individuals trained from 01/01/2016 to 12/31/2016 in an approved Elder Financial Exploitation training class in accordance with the Elder Abuse and Neglect Act {320 ILCS 20/3.5} ** :_________.

**If this question does not apply & your staff does not have direct contact with the public, enter “Zero”.**
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
Division of Banking  

DESIGNATION FOR AUTOMATED CLEARINGHOUSE PAYMENT OF REGULATORY FEES

<table>
<thead>
<tr>
<th>Name:</th>
<th>DFPR Acct#:</th>
<th>FCF.006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The undersigned hereby acknowledges that the Department of Financial & 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 regulatory 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 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 & establish such an account for regulatory payments.

Please type or print legibly:

<table>
<thead>
<tr>
<th>DEPOSITORY NAME</th>
<th>ACCOUNT NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

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 INSTITUTION ABOVE (9 digit number): ACCOUNT NUMBER TO BE DEBITED (17 digit maximum):

| 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.

Authorized Representative: Title: 

[Please print] [Please print]

Telephone Number: ( ) 

Signed: Date: 

[Please print] [Please print]

(May only be authorized by President, Vice-President or Cashier of the Institution)

Please complete and return to: IDFPR - DIVISION OF BANKING 
Bureau of Banks, Trust Companies, and Savings Institutions 
320 West Washington Street 
Compliance Reporting – 5th Floor 
Springfield, Illinois 62786 
IL.BANKS@illinois.gov - www.IDFPR.com 
Phone: (217) 524-5364 - Fax: (217) 557-0330 

**COMPLETE THIS FORM TO CHANGE THE ACCOUNT FROM WHICH YOUR REGULATORY FEES WILL BE DEBITED ON 12/30/2016**
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, (Officer’s name)__________________________, being the duly authorized and acting (title)_________________________ of (FCF Business Name)              (*Corporation), having its principal place of business at (Full Business Address)______________________________, 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.

(Seal)

______________________________
State of __________________________

______________________________
County of __________________________

______________________________
Signed and sworn to before me on ___day of ___ ,_______

______________________________
By ____________________________________________
(Printed Name of Notary Public)

______________________________
Signature of Notary Public

My Commission Expires: __________________________________________

Please attach original Certificate of Authority issued by the Department, if available.