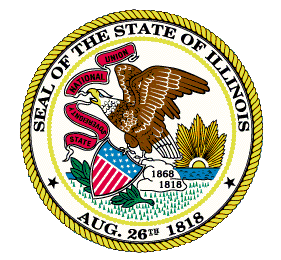
**STATE OF ILLINOIS**

**Department of Financial and Professional Regulation**

**Division of BankING**



**APPLICATION TO AMEND A CERTIFICATE OF AUTHORITY OF A FOREIGN CORPORATE FIDUCIARY TO AUTHORIZE ADDITIONAL POWERS**

**PURSUANT TO SECTION 4-5 OF 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.

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 to Amend a Certificate of Authority of a Foreign Corporate Fiduciary to Authorize Additional Powers Pursuant to Section 4-5 of the Illinois Corporate Fiduciary Act**

**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](mailto: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 whenever the space provided in the application is insufficient. Label additional pages with the preceding page number followed by a letter (i.e., 3a, 3b…). If there is any change to the ACH information used to make your annual payment of regulatory fees, completion of the attached *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.

**Application to Amend a Certificate of Authority of a Foreign Corporate Fiduciary to Authorize Additional Powers Pursuant to Section 4-5 of the Illinois Corporate Fiduciary Act**

**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. Foreign corporations shall not establish in this State a place of business, branch office, or agency for the conduct of business as a fiduciary.

3. The Certificate of Authority shall remain in full force and effect until such time as the foreign corporation ceases to be eligible so to act under the provisions of the Act.

**Required Information**

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

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1. Provide 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 to Amend a Certificate of Authority of a Foreign Corporate Fiduciary to Authorize Additional Powers**

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

1. Name, complete address, and phone number of applicant:

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 that the applicant currently holds 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 additional fiduciary capacity, or capacities, in which the applicant desires to add in the State of Illinois:

Trustee/Agreement

Trust/Will

Trustee/Bond Indenture, Mortgage, or Other Indebtedness

Executor

Administrator

Administrator to Collect

Guardian

Other (Please specify)

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

**Application to Amend a Certificate of Authority of a Foreign Corporate Fiduciary to Authorize Additional Powers**

**Application Certification**

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

The undersigned attests I am the President or Vice-President of the applicant, and further that I am authorized to sign this application. The statements herein are true and correct to the best of my knowledge and belief. I understand 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 I am the Corporate Secretary or Cashier of the applicant, and further that I am authorized to sign this application. The statements herein are true and correct to the best of my knowledge and belief. I understand 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):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

***[Please print]***

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

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