

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: 4384300000
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: ____/____/____