



State of Rhode Island  
Department of Business Regulation



**DIVISION OF BANKING**

Please submit this filing along with all required responses and attachments in PDF form to;

**DBR.Bankinquiry@dbr.ri.gov**

If you have any questions, please contact the Division at; 401-462-9503

**Uniform Application for Interstate Trust Activities of State-Chartered Trust Institutions**

Indicate the state for which you are submitting this application (*Note: This state will be referred to as the "Host State" throughout the application*): **Rhode Island**

**1. Provide the following information about the institution**

- (a) Corporate/Company Name
- (b) Federal Employer Identification Number  
Federal Social Security Number
- (c) Address of institution's principal place of business
- (d) Institution's state of incorporation [if different than (c)]
- (e) Will the institution operate under a different trade name in the Host State?

If yes, provide the trade name to be used: \_\_\_\_\_

**2. Indicate the corporate structure that most closely describes the Institution** (*Place and "X" in the appropriate box*).

- Corporate Trust Company (e.g. Independent Trust Company)
- Non-Bank Bank (limited to trust activity; no deposit taking activities)
- Bank with trust powers (trust department) or a Trust Company with full banking powers.
- Other \_\_\_\_\_ (*Specify type of structure and statutory authority*)

**3. If your organization is a stand-alone legal entity, skip this question and continue with question 4. Otherwise, further describe your institution's corporate structure by indicating whether you are a subsidiary of** (*Place and "X" in the appropriate box*):

- A depository institution
- A financial holding company
- A bank holding company
- A corporate holding company
- Other \_\_\_\_\_ (*Specify*)

Provide the parent entity's name, city & state, and type of business in which it is engaged:

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Type of Business: \_\_\_\_\_

4. Describe the trust activities that the institution proposes to conduct in the Host State.
5. Indicate whether the activities described in Item 4 will be conducted (*Place and "X" in the appropriate box*):
- In a representative office in the Host State from which the institution will market and solicit trust services but not perform trust activities.
  - In a full service bank/savings bank branch in the Host State.
  - In a trust office where only trust activities and no depository activities are conducted in the Host State.
  - Through another delivery channel (*Describe*)\_\_\_\_\_
6. Provide the institution's proposed investment in fixed assets, projected income and expense level for the next three (3) years in the Host State (*Include a current financial statement*).
7. Provide the following information about a contact person within the institution that is available to respond to questions regarding the application.
- Name: \_\_\_\_\_ Title: \_\_\_\_\_
- Address: \_\_\_\_\_
- Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
8. If applicable indicate the institution's proposed address/location in the Host State.
- Street: \_\_\_\_\_
- City, State, Zip Code: \_\_\_\_\_
9. Provide the trust institution's and parent company's (if applicable) current capital level (including equity capital & reserves) at the close of the most recent quarter.
- Trust Institution: \$ \_\_\_\_\_ as of \_\_\_\_\_  
day/month/year
- Parent Entity (if applicable): \$ \_\_\_\_\_ as of \_\_\_\_\_  
day/month/year
10. Indicate the individual/entity designated as agent for service of process in the Host State (*Note: Rhode Island Law requires that the trust institution appoint the Director of Business Regulation as its agent for service of process on the enclosed form*).
- 11a. If applicable, due to Host State statutory requirements, provide a description of the assets the institution is pledging. If you are unsure whether pledging requirements apply, contact your Home State chartering agency. (*Note: R.. I. Gen. Laws §§ 19-3.1-7 and 19-3.1-8 require an asset pledge and deposit, respectively*).

**11b. Identify two individuals and the entity authorized to make changes to the assets pledged.**

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**11c. Identify the entity that will maintain custody of the pledged assets** *(Note: Assets pledged shall be deposited with the Rhode General Treasurer).*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**12. List all pending and prior (past 3 years) litigation in which fraud or breach of fiduciary duty is alleged against the institution.**

**13. Describe the type and amount of insurance to cover trust activities.**

Type: \_\_\_\_\_

Amount: \_\_\_\_\_

Provider: \_\_\_\_\_

**14. Provide evidence of filing with the Secretary of State, or applicable state agency as a foreign corporation (if applicable).**

**15. Provide a copy of the resolution of the institution's Board of Directors authorizing the application.**

**16. Community Reinvestment Act ("CRA")**

The Division of Banking will obtain information from the Home State Regulator of the trust institution's most recent CRA Performance Rating, if applicable.

**17. Officer Certification**

Provide certification by the president or vice president and secretary or treasurer that the information contained in the applications filed both with the Host State Regulator and the Home State Regulator is true and that any schedules provided correctly represent the true state of the several matters contained within the applications to the best of their knowledge and belief.

I, the undersigned, hereby certify that I have requisite authority to execute this application.

Officer Name	Title	Date
1.	The applicant is responsible for submitting any applicable filing to the Home State.	
2.	The institution chartering state (Home State) supervisor will make every attempt to respond to requests for additional information from the Host State supervisory. However, if the additional information is unavailable or cannot be obtained, the institution may be asked to submit additional information regarding this application directly to the Host State supervisor.	

## Uniform Application for Interstate Trust Activities Application Instructions

### Background/Filing Instructions:

#### I. GENERAL INFORMATION

This Uniform Application for Interstate Trust Activities was developed by the CSBS Interstate Trust Activities Task Force. It is intended to satisfy the filing requirements of all states that permit interstate trust operations, thus eliminating the need for interstate trust institutions to file multiple forms if they operate in numerous states. The form is not intended to replace the forms State Banking Departments currently utilize to approve intrastate activities for the institutions that they charter and regulate.

The information you provide in this application will satisfy most of the common regulatory and statutory requirements required by the state bank regulator agencies. In the event that additional information is required, the applicant may receive a separate request for additional information to supplement the application.

#### II. FILING INSTRUCTIONS

1. File one copy of this application with the Home State Regulator (Chartering Agency). Attach additional pages if there is insufficient space to completely answer any of the individual questions.
2. The Home State Regulator will review the application and add supplemental information, if needed.
3. The Home State Regulator will forward a copy of this application and supplemental information to the Host State Regulator'(s).
4. The Home State Regulator and Host State Regulator will work together to process the application.

#### Definitions

1. **Chartering Agency** – The state supervisory agency with primary responsibility for chartering and supervising a multi-state trust institution.
2. **Corporate Trust Company** – A state trust company or any other company chartered under Home State law to act as a fiduciary that is neither a depository institution nor a foreign bank.
3. **Home State** – The state where a trust institution is chartered.
4. **Host State** – The state other than the Home State of a trust institution where the trust institution maintains or seeks to establish an office or seeks to engage in trust activities.
4. **Representative Office** – An office in which a bank or qualified trust company markets and solicits trust services, provides bank office and administrative support for trust operations, but does not conduct trust activities.
5. **Trust Office** – An office, other than a main office, at which trust activities are conducted.



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**Supervisory Addendum to the Uniform Application for Interstate Trust Activities of State-Chartered Trust Institutions**

1. Provide the names and titles of the institution's executive officers and directors. If applicable, include a resume or biography for key local management.
2. Attach a copy of the institution's current financial statements. *(Note: If current monthly financial statements are not available, please attach relevant call report information or an annual statement of trust assets).*
3. If applicable, attach a copy of a reciprocity certificate or opinion letter from the applicant's (Home State) indicating the laws/citations that permit reciprocal trust powers/operations in the Host State of **Rhode Island**.
4. What is the total dollar amount of trust assets managed by the institution (including discretionary and non-discretionary) assets? *(Note: Specify and attach, if applicable, information source, e.g. call report, annual statement of trust assets, etc.).*
5. Describe the institution's experience in trust/fiduciary management and operations *(e.g. a brief supervisory assessment summary).*
6. Provide, if applicable, the institution's *(Note: Indicate source and date of information):*

	<u>Source</u>	<u>Date</u>	<u>Amount</u>
a. Tier 1 capital			
b. Total capital			
c. Tier 1 risk based capital ratio			
d. Total risk based capital ratio			
e. Total leverage ratio			

7. List the states where the institution is authorized to operate a trust office. Also indicate the states in which the institution currently operates an office. If applicable, list the statutory authority and type of facility operated in each state.

State	Authorized	Operate	Statutory Authority	Facility Type

8. Indicate whether regulatory enforcement actions, Board resolutions or Memoranda of Understanding currently exist against the institution, consistent with the parameters and confidentiality requirements of your state.

9. Provide documentary evidence of the institution’s authority to conduct fiduciary activities in the applicant’s Home State.

10. Attach evidence that the institution’s chartering/supervising Banking/Trust Department considers the institution to be in good standing within the Home State.

11. Indicate whether your state (the Home State) requires filing fees for processing the interstate application.

Yes                       No

Describe the fees and the process for assessing the institution.

12. Consistent with the principals in the Nationwide Cooperative Agreement for the Supervision of Multi-State Trust Institutions, in which the Home State supervisor has primary authority to approve the application submitted by its institutions in Host States (after consultation with Host States), describe the disposition of your (Home State) Department on the application, if applicable.

Home State Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted to Host State of: \_\_\_\_\_ Attention: \_\_\_\_\_

**Preliminary Home State Disposition on Host State application:**

Deny             Approve     With conditions (*Explain*)     Without conditions



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**Department of Business Regulation**



**DIVISION OF BANKING**  
 1511 Pontiac Avenue, Bldg. 68-1  
 Cranston, Rhode Island 02920  
 Telephone (401) 462-9503

**POWER OF ATTORNEY**

Know All Men by these Presents

That I, \_\_\_\_\_ President of \_\_\_\_\_  
 (Insert name of Home State bank or trust company)

("Bank") of the City of \_\_\_\_\_ in the County of \_\_\_\_\_  
 and the State of \_\_\_\_\_ pursuant to Rhode Island General Laws §§ 19-3.1-6 and 19-7-9, as amended, do hereby make, constitute and appoint the Director of the Department of Business Regulation in the State of Rhode Island ("Director") Bank's true and lawful attorney in the State of Rhode Island, upon whom all lawful process in any action or proceeding against Bank may be served in like manner with the same legal force and effect as if Bank had been lawfully served with said process therein as provided by the laws of the State of Rhode Island; and said Director as such attorney, is hereby authorized and empowered as Bank's said agent to receive and accept service of any process, writ, summons or order whereby any suit, action, or proceeding shall be commenced against Bank, and Bank hereby stipulates and agrees that any lawful process against Bank which is served on the Director shall have the same legal force and effect as if served on Bank within the State of Rhode Island.

The authority given in this appointment shall continue in force so long as any liability to any resident of this state remains unsatisfied.

State of \_\_\_\_\_  
 County of \_\_\_\_\_

At \_\_\_\_\_ in said County, on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me personally appeared \_\_\_\_\_ and acknowledged the foregoing instrument, by him/her sealed and subscribed, to be his free act and deed.

NOTARIAL  
 SEAL

\_\_\_\_\_  
 (Notary Public)

My Commission Expires \_\_\_\_\_