

STATE OF NEW MEXICO  
REGULATION AND LICENSING DEPARTMENT  
FINANCIAL INSTITUTIONS DIVISION  
P. O. BOX 25101  
SANTA FE, NEW MEXICO 87504  
<http://www.rld.state.nm.us/fid>

**APPLICATION FOR CERTIFICATE TO ENGAGE IN TRUST BUSINESS**

The applicant hereby applies for a certificate to engage in trust business as provided by the Trust Company Act of the State of New Mexico, and in support of the application furnishes the following information, data and records (attach additional sheets as needed):

1. Name of the applicant corporation:

2. Applicant was incorporated on \_\_\_\_\_ and attached hereto is a certified copy of its Articles of Incorporation, together with all amendments, if any, and a copy of its current Bylaws.

3. (a) The location and address of applicant's (proposed) principal place of business in the State of New Mexico:

(b) Branches:

Describe costs associated with premises identified under (a) and (b). Attach copy of rental/lease agreement. Detail proposed expenses for fixed asset acquisition.

4. If applicant is currently engaged in trust business in another jurisdiction:

Name and address of the trust entity

When formed

Name, address and phone number of regulatory agency

Independently prepared fiscal year-end trust company financial statements for three years, beginning with the most recent; and corresponding statements of trust assets and liabilities (Sample provided)

5. With respect to proposed activity in New Mexico, a Strategic Business Plan with form and content acceptable to the Director

6. A list of proposed officers and directors, with positions and compensation to be received

7. A Biographical Information form completed by each person proposed to serve as an officer or director of the trust company

8. Current financial statements for the persons named in the preceding paragraph, each statement being signed and certified as true and correct by the person
  
9. A list all stockholders of applicant, with the number of shares owned by each
  
10. Details of the proposed method of satisfying the Surety Bond requirement of section 7 of the Trust Company Act
  
11. Justification of the need for (additional) trust facilities in the proposed community

Information provided in this application is true and correct, to the best of my knowledge.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Typed Signature and Title

\_\_\_\_\_  
Date

This application must be accompanied by the statutory fee required by Section 58-9-5 NMSA 1978.

**FINANCIAL INSTITUTIONS DIVISION**  
Regulation and Licensing Department

Biographical Information  
Proposed Officers and Directors

The Director of the Financial Institutions Division, in connection with an application for a bank, savings and loan association, or corporation to be certified to conduct Trust Business requests proposed officers or directors of the applicant to complete this form. Failure to complete this form may result in the application not being processed.

1. Personal Information

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Full Name (Include Maiden Name)

---

Residence Address

---

City

State

Zip Code

---

Telephone

---

Date of Birth

Place of Birth

---

Social Security Number

---

Have you ever had your named changed? If so, please indicate prior names and the reason for changing name.

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Business Address

---

City

State

Zip Code

---

Business Telephone

2. Business Affiliations

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Location	Type of Business	Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Employment Record (Include present and all past employment.)

Date From	To	Name, Location and Type of Business	Position Held and Nature of Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Present employer may be contacted:       Yes  No

Former employer may be contacted:       Yes  No

4. Give details of all pending civil litigation of any nature in which involve either as plaintiff or defendant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List your residence for the last ten (10) years starting with your current address:

Date	Address	City	State
From	To		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Educational Record (Start with high school and indicate all formal education including continuing education and training relating to the position you will serve with the applicant.)

Date	Name and Location of	Degree/Certificate
From	To	College/School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have you ever been in a position which requires a fidelity bond?

Were any claims made in the bond? If yes, Give details.

Have you ever been denied an application for bonding, or had a bond canceled or revoked? If yes, give details.

8. List any professional, occupational or vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (indicate date license, issued, issuer of license, date of termination, reason for termination).

Has any such license ever been suspended or revoked? If yes, give details.

9. List any financial institution in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock:

Is any of the stock pledged or hypothecated? Is yes, give details.

10. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant corporate fiduciary or its affiliates?

Are any if the shares of stock pledged or hypothecated? If yes, give details.

11. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned or convicted of or pled guilty or nolo contendere to any information or indictment charging any violation of law (other than minor traffic infractions), or have you been subject to any disciplinary proceedings by any federal or state regulatory agency? If yes, give details.

Has any institution been so charged, allegedly as a result of any conduct or action (or lack of action) on your part? If yes, give details.

12. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any financial institution which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or conservatorship, or had its certificate of authority suspended or revoked? If yes, give details.

CERTIFICATION

I \_\_\_\_\_ certify that the information I have provided to the Director of the Financial Institutions Division is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, a Notary Public in and for the County of \_\_\_\_\_, and State of \_\_\_\_\_, do hereby certify that \_\_\_\_\_ appeared before me and is personally known to be the same person who executed the foregoing statement and acknowledged that he/she executed the same for the purpose therein set fourth.

Given under my hand and official seal, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC)

My Commission expires: \_\_\_\_\_, 20\_\_\_\_\_.

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize full disclosure of all records concerning myself to the Director of the Financial Institutions Division, Regulation and Licensing Department, State of New Mexico, whether said records are a public, private, or confidential matter.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and ratings); and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case had an interest.

I understand that any information, including criminal history records of any law enforcement agency, whether federal or state, which is developed directly or indirectly, in whole or part, upon this release authorization will be furnished only to the Director of the Financial Institutions Division. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Director of the Financial Institutions Division from any and all liability which may be incurred as a result of collecting such information

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information."

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Witness:

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_