The minimum requirements for sound banking practices in the operation of a Trust Department, and as safeguards for the protection of depositors, fiduciary beneficiaries, creditors, stockholders and the public, should include:

1. Operation of the Trust Department separate and apart from every other department of the bank, with trust assets separated from other assets owned by the bank and the assets of each trust account separated from the assets of every other trust account; and
2. Maintenance of a separate set of books and records for the Trust Department in sufficient detail to properly show all Trust Department activities.

The board of directors should by proper resolution include in its minutes:

1. Designate an officer, qualified and competent, to be responsible for and administer the activities of the Trust Department, and define his duties;
2. Name a trust committee consisting of at least three directors, at least one of whom shall not be an officer of the bank, to be responsible for and supervise the activities of the Trust Department;

The trust committee should:

a. Meet at least once a month;

b. Review the assets of each trust account at least once during each period of twelve months;

c. Approve all purchases, sales and changes of trust accounts;

d. Approve the opening of all new trust accounts;

e. Approve the closing of trust accounts;

f. Keep full minutes of its actions, including its actions on matters included in a. through e. above;

g. Make periodic reports to the board of its actions;

3. Provide competent legal counsel to advise the trust officers and the trust committee on legal matters pertaining to the administration of the Trust Department;
4. Provide for joint custody of trust assets under at least two or more officers and employees;
5. Receive the report of the trust committee and record its actions thereon in its minutes;
6. Make or cause to be made an annual audit of the Trust Department at least once during each period of twelve months and, where possible and practical, provide for internal controls over the Trust Department; and
7. Review the examination reports of the Trust Department by Supervisory Agencies and Record its action thereon in its minutes. Nothing herein is intended to prohibit the board of directors from acting as the trust committee, from designating additional officers to administer the operations of the Trust Department and defining their duties, or from appointing additional committees for the Trust Department operation and defining the duties of such committees.

Application Instructions for License under Arizona Revised Statutes § 6–851 *et seq*.
Rules R20-4-801 through R20-4-816.

Before You Complete the Enclosed Documents Please Read the Following Carefully

You can not conduct business governed by Arizona Revised Statutes until you are licensed by this department.

Application: To apply for licensing, complete all enclosed forms. Do not leave any questions unanswered. If a question does not apply to you or if the answer to the question is 'none', so state on the application. We do not accept applications that are not complete. Make photocopies of the completed forms for your records, this department will not provide them for you.

To Submit an Application to the Arizona Department of Financial Institutions you *must* have recorded filings from the appropriate agencies and a copy of the recorded document(s) attached to your application.

Application Name: The application name must be identical on all forms (e.g., articles, application, trade name certificate, bond, etc.) Identical means spaces, periods, comma's, etc. (e.g., "Company Name, L.L.C." would not be "Co. Name LLC"). Failure to submit the required documents will delay the processing of your application.

Only corporations are eligible to apply for a Trust Company Certificate.

For corporate or DBA / trade name filings contact:

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 or www.cc.state.az.us.	Arizona Secretary of State 14 N. 18th Avenue, Phoenix, AZ 85007 Telephone (602)542-6187 or www.azsos.gov

Corporation: You *must* submit a copy of your executed articles of incorporation and any amendments thereto with your application.

Foreign Corporation: If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

If you wish to use a DBA/Trade Name, contact the Arizona Secretary of State. To do business under a "DBA" or a "trade name", you must register your DBA or trade name. You *must* submit an approved copy of your certificate of trade name registration with your application.

Other Licensing Requirements:

Fidelity Bond: must obtain a fidelity bond, naming the trust company as obligee. The trust company shall provide a signed copy of its bond to the superintendent to remain a part of the Department's licensing records. See A.R.S. § 6–868 for coverage amount required.

Insurance: Suitable insurance is required to protect the trust company against burglary, robbery, theft and other insurable hazards.

Business Plan: A business plan must include a three year pro forma financial statement, detail the trust activities that the company intends to engage in, and demonstrate management's ability to generate the described trust business in the company's proposed marketplace.

Financials: A trust company must have not less than five hundred thousand dollars of liquid capital**.** Liquid capital means certificates of deposit issued by FDIC insured financial institutions doing business in Arizona or direct obligations of the United States government with a maturity of not more than five years. Annual audits must be performed by a certified public accountant. The audit requirement may be satisfied by filing a copy of the audit report of the parent of the trust company. Additional information on trust company audit requirements can be found in A.R.S. Section 6–859.

A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at azdfi.gov. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or www.azsos.gov.

All fees charged are authorized, pursuant to, A.R.S. Section 6–126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6–1301 through 6–1310	60
Collection Agencies	A.R.S. Section 32–1001 through 32–1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6–971 through 6–985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6–601 through 6–675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6–701 through 6–716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6–1251 through 6–1263	120
Escrow Agents	A.R.S. Section 6–801 through 6–847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6–1201 through 6–1219	120
Mortgage Brokers	A.R.S. Section 6–901 through 6–910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6–941 through 6–948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44–281 through 44–295	45
Premium Finance Companies	A.R.S. Section 6–1401 through 6–1419	120
Trust Companies	A.R.S. Section 6–851 through 6–867 Rules R20-4-801 through R20-4-816	150

Trust Company Application

Check List

- ☐ One check for the $5,000 application fee
- ☐ And one check for the total number of fingerprint cards (1 card per person)

  $24.00 fee per fingerprint card (# of cards _____ x fee = $ _____)
- ☐ Application (signed and notarized)
- ☐ Surrender Agreement (signed and notarized)
- ☐ W-9 Form/Request for Taxpayer Identification
- ☐ Articles of Incorporation (approved copy) ☐ Amendments (approved copy)
  Designate the portion of your Articles of Incorporation that gives you the powers and authorizes you to engage in the trust business.
- ☐ Business Plan
- ☐ Current Balance Sheet
- ☐ Fidelity Bond
- ☐ Insurance

- **The following items if applicable**

- ☐ Foreign Authority (approved copy)
- ☐ Certificate of Good Standing (from state incorporated)
- ☐ Trade Name Certificate (approved copy)
- ☐ Audited Financials
- ☐ Audited Financials / Parent Company
- ☐ Branch Application Fee $500 (per branch)

- **For the board of directors and senior management (top officers minimum of 5)**

- ☐ Personal History Statements (signed and notarized in both locations)
- ☐ Driver License copies
- ☐ Fingerprint Cards (1 card per person. Use only our cards)
- ☐ Letter of Explanation for derogatory credit and/or criminal history issues
- ☐ Personal Financial Statement

- **Did you remember to:**

- ☐ Answer all questions on all forms or complete with “None” or “N/A”.
- ☐ Type or print all information on all documents.
- ☐ Sign and notarize all documents required.
- ☐ Make copies of the completed application packet for your records.

Make checks payable to: Arizona Department of Financial Institutions

Fingerprints must be done by a Law Enforcement Department.
See Arizona Administrative Code R20-4-103.

See Application Instructions under "Personal History Statement & Fingerprint Card" for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website azdfi.gov or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

One Card per Person

- **ORI Field on fingerprint card must have Phoenix, AZ information or be blank.** It cannot have another State's information in that field. Do not use white out material.
- **Do not use a highlighter on the fingerprint card.** The FBI's scanners cannot record the information if card contains highlighter.
- **Do not overlap the borders of the block in which you enter information.** The scanners cannot read information that overlaps the block.
- **Do not use whiteout on the fingerprint card.** If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- **Do not overlap any information into the actual fingerprint area**.
- **Do not enter any information in the block entitled "Employer and Address".** The Department will enter this information.
- **Do not enter any information in the block entitled "Reason Fingerprinted".** The Department will enter this information.
- **Do not alter any preprinted information on the fingerprint card**.

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

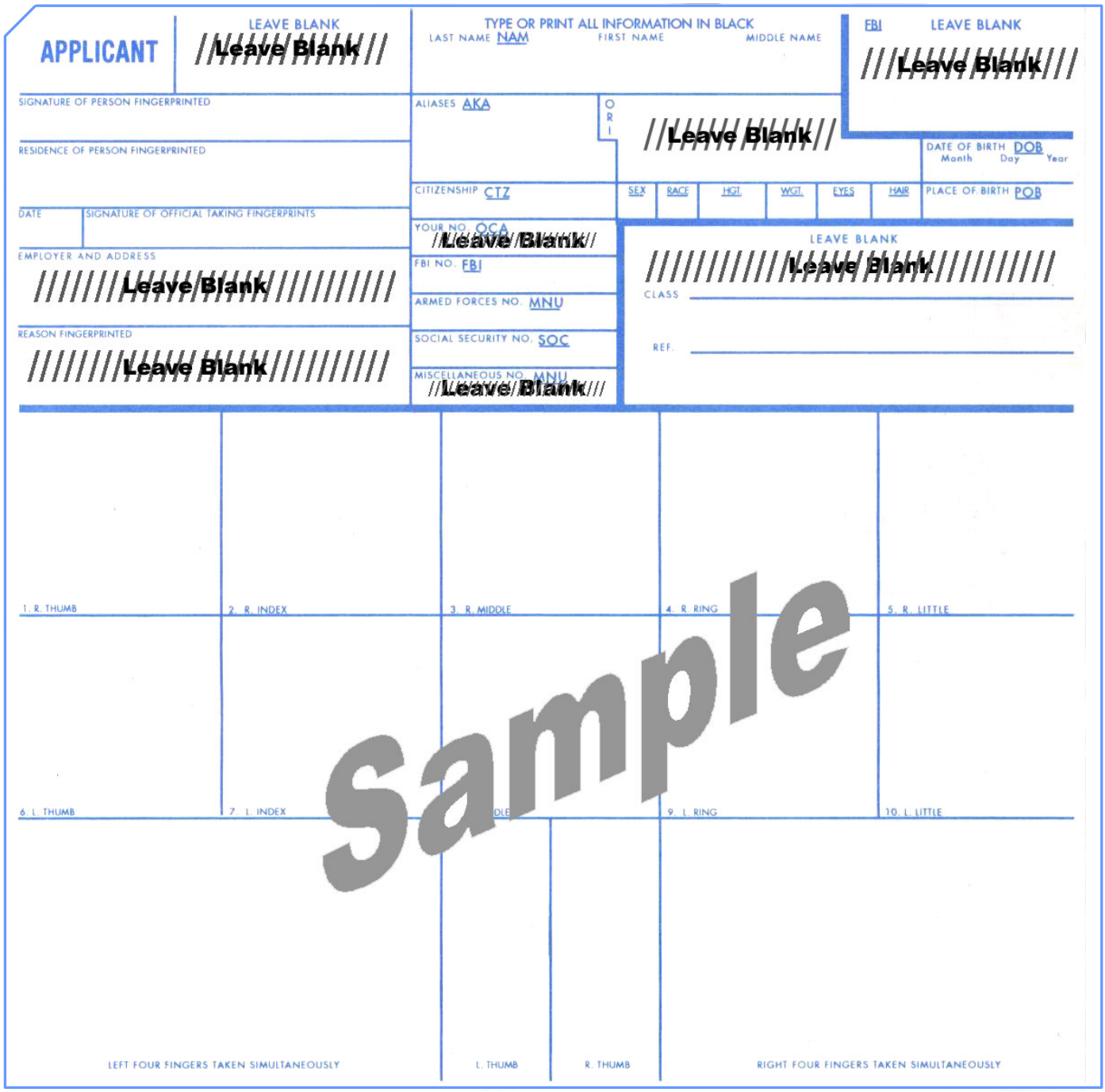
Make check payable to: Arizona Department of Financial Institutions

Note

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona Department of Financial Institutions.

Do Not write in any field marked "Leave Blank". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.



Trust Company Application

Application

This application must be completed by typewriter or legibly printed
Do not leave blanks. If not applicable use None or N/A
Make additional copies of any page or attach a separate sheet if addition space is necessary

Tax ID#: _____

To The Superintendent Of Financial Institutions:

1. _____
(**Applicant Corporation Name** and, if different, name under which business is to be operated) hereby applies for a license to engage in and carry on the business of a Trust Company pursuant to the provisions of Arizona Revised Statutes Title 6, Chapter 8.

a. **DBA**/Trade Name: (If Applicable) _____

b. _____
Address of Principal Place of Business (City) (State) (Zip)

c. (_____) - _____ (_____) - _____ (_____) - _____
Telephone No. Fax No. Toll Free No.

d. _____
Business: Web Page Address and E-mail Address

2. _____
Mailing address (if different from number 1. b. above) (City) (State) (Zip

a. (_____) - _____ (_____) - _____ (_____) - _____
Telephone No. Fax No. Toll Free No.

3. _____
Corporate office address (if different from number 1. b. above) (City) (State) (Zip

a. (_____) - _____ (_____) - _____ (_____) - _____
Telephone No. Fax No. Toll Free No.

4. _____
Parent Company Name, address and telephone number, if applicable.

(_____) - _____ (_____) - _____ (_____) - _____
Telephone No. Fax No. Toll Free No.

5. **State** Incorporated _____ date incorporated _____/_____/_____

a. Date of foreign authorization to conduct business in Arizona _____/_____/_____

6. **Ownership** Interests. Need controlling owner(s) (more than 15%) of Trust Company. Voting Shares-Total 100%

Name	% Ownership	Drivers License Number & State Issued

7. List the directors and senior officers of your corporation:

Name	Title

8. State the names of the persons who will manage the trust business. Furnish sufficient information on each person to show that person's ability to operate the trust business in a sound and lawful manner:

a. Name _____ Ability/Experience _____

b. Name _____ Ability/Experience _____

c. Name _____ Ability/Experience _____

d. Name _____ Ability/Experience _____

e. Name _____ Ability/Experience _____

9. State whether applicant or any of the above named persons has within the last 15 years:

a. been convicted of any criminal offense other than a traffic violation? ☐ Yes ☐ No
b. had a final judgment entered against him/her in a civil action on account of fraud, misrepresentation or deceit? ☐ Yes ☐ No
c. filed bankruptcy? ☐ Yes ☐ No
d. had an order entered against him/her by an administrative agency of this state, the federal government, or any other state or territory of the United States involving fraud, misrepresentation or deceit? ☐ Yes ☐ No

If you answered yes to any of the aforementioned (9 a, b, c or d) furnish complete details on a separate sheet.

10. Does any agency or instrumentality of any state or the Federal Government license you? ☐ Yes ☐ No
If yes, name the agency or instrumentality and type of business to be carried on pursuant to such license or licenses:

_____

_____

_____

_____

11. State location of Branch Office(s). (If applicable)

Street Address	City	State	Zip	Telephone

12. _____
Statutory Agent Name Address City State Zip

13. _____
Name and address of the independent auditing firm who audits the financial records for the corporation. (If applicable)

14. Provide the form in which and location where the $500,000 liquid capital is held and its date of maturity.

_____

_____

15. Print name of individual to contact regarding the processing of this application.

_____ ( ) - _____ ( ) - _____
(Print Name) (Telephone & Extension #) (Fax #)

AFFIDAVIT

STATE OF _____)
) ss.
COUNTY OF _____)

I (Print your name)_____ being duly sworn, deposes and says that he signed the foregoing application as (print official capacity) _____ of the above named applicant, having full authority to sign such application in said capacity; that he has read said application and that the information contained therein is true.

_____ _____
(Date) (Signature)

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ _____
My commission expires: (Notary Public)

Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

Accepted

_____

(Name of Company)

By: _____ *(print)* _____

(Signature of Principal Officer) *(Name of Principal Signer)*

Date: _____ *(print)* _____

(Title of Principal Signer)

Notarization of Signature

State of _____)

) ss.

County of _____)

Subscribed and Sworn to before me, this *day of* _____

year of _____ *at* _____

(City and State)

_____

Notary Public

My Commission expires _____

The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, if not applicable, use "None" or "N/A".
Do not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL:

1. _____ Mr. Ms. Mrs. _____
   Position (Title/Owner/RI/AM etc.) Circle One Name: Last First Middle
2. _____ ( ) -
   Residence Address: Street City State Zip Res. Phone:
3. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
4. Alias(es) Nicknames, or changes in name: _____ Maiden Name (if any): _____
5. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
6. Scars, Physical Defects, Distinguishing marks: _____
7. Drivers License No. & State of Issue: _____ (Attach a Legible copy of your License)
8. Do you have a history of mental or nervous disorder? ☐Yes ☐No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? ☐Yes ☐No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? ☐Yes ☐No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? ☐Yes ☐No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? ☐Yes ☐No
13. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge. ☐Yes ☐No
    If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "I" page 3.
14. Are you presently a member of a Military Reserve or National Guard Organization? ☐Yes ☐No
    If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD:

Have you ever been;

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? ☐Yes ☐No
2. convicted, fined or imprisoned or placed on probation? ☐Yes ☐No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? ☐Yes ☐No
4. detained, held or arrested for a traffic violation? ☐Yes ☐No

If the answer is "Yes" to any of the above questions, complete the following:

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "I" page 3)

C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You must include complete addresses)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employment's require a security clearance? ☐Yes ☐No
2. Have you ever been refused Bond? ☐Yes ☐No

   If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree

F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

1. Have you attached a legible copy of your drivers' license? ☐Yes ☐No
2. Have you attached your completed (according to the fingerprint card instructions) fingerprint card? ☐Yes ☐No
3. A letter of explanation and resolve of any past or current derogatory credit or criminal issues? ☐Yes ☐No ☐N/A

If No, why not?_____

I. REMARKS: (Furnish complete details attach additional sheets if necessary)

Read, sign and notarize both top and bottom portion of this document

Affidavit

STATE OF _____

)ss

COUNTY OF _____

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

_____ _____

(Date) (Signature)

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ _____

My commission expires: (Notary Public)

Affidavit (part 2)

STATE OF _____

)ss

COUNTY OF _____

I, (Print Your Name) _____ in connection with (Print Company Name) _____ and pursuant to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their agents.

_____ _____

(Date) (Signature)

Notarization of Signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ _____

My commission expires: (Notary Public)

Trust Company Application

Personal Financial Statement

Do not use for business statement
Legibly print or type all information
There must be an answer provided for each question. Therefore, if not applicable use "None" or "N/A"
Schedule's, details and descriptions must be completed in space provided and by attachments if necessary.
Total Assets must equal Total Liabilities and Net Worth
Describe any unusual assets or liabilities

Name _____ Financial Condition As Of _____/_____/_____ (mo/day/yr)
Address _____ City _____
State _____ Zip _____ Occupation _____

Customer at what financial institution _____ (office)

Assets	Amount	Liabilities	Amount
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe)	
Mortgages Owned (Sched 1)		Automobile Loans or Leases	
Readily Marketable Securities (Sched 4)			
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe)		Other Taxes Payable	
		Other Liabilities (describe)	
		Credit Cards	
Total Assets		**Total Liabilities**	
		Net Worth (Assets Minus Liabilities)	
		Total Liabilities and Net Worth	

Approximate Annual Income and Expense
(exclusive of ordinary living expenses)

Income	Amount	Fixed Expenses	Amount
Salary From _____		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or	
		separate maintenance payments if you are	
		obligated to make them.	
Total Income		**Total**	

1. Are the above evaluations on receivable conservative? ☐ Yes ☐ No (If no, explain by separate letter)
2. Are any assets pledged or debts secured except as indicated? ☐ Yes ☐ No (If yes, itemize by debt and security)

_____

3. Do you have any contingent liabilities for guarantees, endorsements or otherwise? ☐ Yes ☐ No (If yes, explain)

_____

4. Do you do business with any other bank? ☐ Yes ☐ No (If yes, nature of business)

_____

5. If you are married are any of the above assets your spouse's separate property? ☐ Yes ☐ No (If yes, itemize) _____

6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? ☐ Yes ☐ No (If yes, explain by separate letter)

7. Have you ever gone through bankruptcy or compromised a debt? ☐ Yes ☐ No (If yes, explain by separate letter)

8. Have you made a will? ☐ Yes ☐ No Who is named executor of estate? _____

Complete the following schedules

Schedule 1 - Notes and Mortgages Owned
Describe here or on separate sheet any important or unusual receivables.

Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

Schedule 2 – Real Estate and Buildings
Provide details of encumbrances on Schedule 3 opposite proper parcel number.

Parcel	Location &Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) _____

_____

Are there any properties held on joint tenancy? ☐ Yes ☐ No Parcel numbers _____

Schedule 3 - Real Estate Encumbrances

Parcel	Amt. Owing Per Sched 2	Nature of Encumbrance and to Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1						Yes ☐ No ☐
No. #2						Yes ☐ No ☐
No. #3						Yes ☐ No ☐
No. #4						Yes ☐ No ☐
No. #5						Yes ☐ No ☐

*If any payments of principal or interest are delinquent provide details. _____

Are any taxes delinquent? ☐ Yes ☐ No (If yes, give amount and details) _____

Are there any unrecorded deeds, liens or other claims not shown above? _____

Schedule 4 - Securities Owned
Attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div

In whose name are the above securities held? _____

If in names of yourself and co-owner, are they joint tenancy? _____

Schedule 5 - Insurance

Public liability on autos $ _____ Property Damage on Autos $ _____

Life Insurance

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

I certify that the above information provided by me is true, complete and correct to the best of my knowledge and belief.

_____ **Date**

_____ **Signature**

Trust Company Application

Corporate Financial Statement

Name of Corporation: _____

Address _____ **City** _____

State _____ **Zip** _____ **Telephone (_____)** _____

Financial Conditions At Close Of Business On_____/_____/_____(MO/DAY/YEAR)

ASSETS			LIABILITIES	
Cash on Hand and in Bank		$	Accounts Payable - Not Due	$
Accounts Rec. Customers - Current	$		Accounts Payable - Past Due	$
Accounts Rec. Customers - Past Due	$		Notes Payable	$
Total Accounts Receivable	$		Notes Payable Other Banks	$
Less: Reserve Doubtful Accts.	$	$	Notes or Trade Acceptances Payable for Mdse.	$
Notes Receivable - Customers	$		Other Notes Payable	$
Less: Reserve Doubtful Notes	$	$	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable		$	Mortgages Due Within One Year	$
Merchandise - Finished		$	Due Officers and Stockholders (Sched 2)	$
Merchandise - In Process		$	Due Controlled or Affiliated Concerns (Sched 6)	$
Merchandise - Raw Materials		$	Reserve for Income Taxes	$
Readily Marketable Securities (Sched 3)		$	Other Taxes Payable	$
			Accrued Liabilities	$
Net Cash Surrender Value of Life Insurance (Sched 1)		$	Portion of Long Term Debt Due within One Year	$
TOTAL CURRENT ASSETS		**$**	**TOTAL CURRENT LIABILITIES**	**$**
Real Estate and Bldgs. (Sched 4)	$		Real Estate Encumbrances (Sched 5)	$
Less: Reserve for Depreciation	$	$		
Machinery - Equipment - Fixtures	$		Non-Current Portion of Equipment Contracts	
Less: Reserve for Depreciation	$	$	and Chattel Mortgages	$
Automobiles and Trucks	$		Other Non-Current Debt (describe):	$
Less: Reserve for Depreciation	$	$		
Investments in Controlled or Affiliated Co. (Sched 6)		$	***TOTAL LIABILITIES***	$
Other Securities Owned (Sched 3)		$		
			Other Reserves (describe):_____	$
Due from Controlled or Affiliated Co. (Sched 6)		$		
Due from Officers and Stockholders (Sched 2)		$		
Other Non-Current Receivables		$	NET WORTH:	
			Preferred Stock	$
Deferred and Prepaid Items		$	Common Stock	$
			Capital Surplus	$
			Earned Surplus	$
			TOTAL NET WORTH	$
TOTAL		**$**	**TOTAL**	**$**

CONTINGENT LIABILITIES (not already included) If none, so state.

On Acceptances, Contracts or Notes Discounted or Sold $ _____

As Guarantor or Endorser for _____ $ _____

For Merchandise Consigned by Suppliers $ _____

Otherwise (describe) _____ $ _____

Are any book accounts sold or assigned? Yes ☐ No ☐ Amount $ _____

To whom? _____

With Recourse? Yes ☐ No ☐

COMMITMENTS:

Approximate Purchase Commitments $ _____

Approximate Unfilled Orders on Hand $ _____

Describe any other unusual commitments _____

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

OPERATING RECORD FROM _____/_____/_____(DATE) TO _____/_____/_____(DATE):

If profit and loss statement does not fit your business, please attach a statement on your own form.

Net Sales for Period	$ _____	
Cost of Goods Sold	$ _____	
Gross Profit		$ _____
Selling Expense	$ _____	
Administrative Expense	$ _____	
General Expense	$ _____	
Total Operating Expense		$ _____
Operating Profit		$ _____
Other Income		$ _____
Total Income		$ _____
Other Deductions	$ _____	
Federal & State Income Tax	$ _____	
Total Deductions		$ _____
Net Profit		$ _____
Total Depreciation and Amortization included in above statement		$ _____
Deductions for Bad Accounts included in above statement		$ _____
Salaries to Executive Officers included in above statement		$ _____

Reconciliation of Surplus:		
Surplus at beginning of period		$ _____
Net Profit		$ _____
*Surplus Credits		$ _____
Total		$ _____
Dividends Paid	$ _____	
*Surplus Debits	$ _____	$ _____
Surplus as of this statement date		$ _____

*If Surplus Adjustments involve important transactions please give details below: _____

MONTHLY SALES

Please enter here your approximate sales by months during the past fiscal period:

Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sept
Oct	Nov	Dec

Complete the following. Include the supporting schedules.

OTHER BANKS USED:

Name	City	Do you borrow there?	Maximum Debt Past Year
		☐Yes ☐No	$
		☐Yes ☐No	$
		☐Yes ☐No	$
		☐Yes ☐No	$

RENTAL: Does company rent? Yes ☐ No ☐
Present monthly rental paid $_____
Date of expiration of lease _____/_____/_____

CORPORATE INFORMATION: Under laws of what state are you incorporated? _____
Are all franchise taxes current? Yes ☐ No ☐
Are you authorized to do business in Arizona? Yes ☐ No ☐
Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares _____ Outstanding _____ Par value $ _____
Year last div. paid _____ Annual rate if established $ _____ No. of authorized pfd. shares _____
Outstanding _____Par value $ _____Dividend preference $ _____ Cumulative? _____
Div. Pd. to _____
Please list any trade styles used by the corporation _____

SCHEDULE 1 - INSURANCE

Fire Insurance:		Liability Insurance:	
On Merchandise	$	Public Liability on Owned Autos	$
On Mach'y, Equipt. and Fixtures	$	Property Damage on Owned Autos	$
On Buildings	$	P.L. and P.D. on Non-owned Autos	$
		Building & Elevator Pub. Liab.	$

Check all that are applicable to the coverage the corporation carries:

☐ Explosion Ins. ☐ Steam Boiler ☐ Auto Fire, Theft ☐ Business Interruption ☐ Products Liability
☐ Riot and Strike ☐ Auto Collision ☐ Workmen's Comp ☐ Robbery or Burglary ☐ Machinery Breakdown

Is the extended coverage endorsement attached to fire policies? ☐ Yes ☐ No
Do any policies contain a coinsurance clause? ☐ Yes ☐ No Basis _____%
Is any insurance on a monthly reporting basis? ☐ Yes ☐ No
Are employees having custody or control of property adequately bonded? ☐ Yes ☐ No

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:

Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
	$	$	$	$
	$	$	$	$
	$	$	$	$

SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

SCHEDULE 3 – SECURITIES OWNED - Please attach separate schedule if needed.

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly. Div.

SCHEDULE 4 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 5 opposite proper Parcel No.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business _____

Are taxes delinquent on any of your properties? _____ If so, please give amount and details _____

SCHEDULE 5 - REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

*If any payments of principal or interest are delinquent, please give details _____

Has foreclosure been instituted? _____ Details _____

SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.

SCHEDULE 7 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

Name and City	Amount Owed	Name and City	Amount Owed
	$		$
	$		$
	$		$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. _____

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief.

Date _____ Signature _____ Telephone & Fax _____

State of Arizona Substitute W-9 & Vendor Authorization Form

Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if
1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to an Arizona state agency; **AND**
3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

Refer to State of Arizona Substitute W-9 Instructions and IRS W-9 Instructions for details on completing this form.

Social Security Number (SSN) _____ **OR Employer Identification Number (EIN)** _____

Entity Type Must select one of the following (Coding (X#) is for internal purposes only)

- ◯ Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I)
- ◯ Corporation NOT providing health care, medical or legal services (5A)
- ◯ Corporation providing health care, medical or legal services (5M)
- ◯ Partnership, LLP or Partnership organized as LLC or PLLC (5C)
- ◯ An international organization or any of its agencies/instrumentalities (5U)
- ◯ The US or any or its political subdivisions or instrumentalities (2G)
- ◯ State of Arizona employee (1E) **HRIS EIN** _____
- ◯ LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)
- ◯ LLC, PLLC organized as corporation providing health care, medical or legal services (5M)
- ◯ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
- ◯ Other: Tax Reportable Entity (5P) **Description** _____
- ◯ Other: Tax Exempt Entity (5H)

Name (First, Middle, Last) _____

Business Name _____

Main Address Where tax information and general correspondence is to be mailed

Address _____

City _____ State _____ Zip code _____

Remittance Address Where payment is to be mailed ☐ Same as Main

DBA\Branch\Location _____

Address _____

City _____ State _____ Zip code _____

Vendor Contact Information

Name _____

Title _____ Phone # _____ Ext. _____

Email _____ Fax _____

Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)

- ◯ Small Business (01)
- ◯ Small Business- African American (23)
- ◯ Small Business- Asian (24)
- ◯ Small Business - Hispanic (25)
- ◯ Small Business- Native American (27)
- ◯ Small Business- Other Minority (05)
- ◯ Small, Woman Owned Business (06)
- ◯ Small, Woman Owned Business- African American (29)
- ◯ Small, Woman Owned Business- Asian (30)
- ◯ Small, Woman Owned Business- Hispanic (31)
- ◯ Small, Woman Owned Business- Native American (33)
- ◯ Small, Woman Owned Business- Other Minority (11)
- ◯ Woman Owned Business (03)
- ◯ Woman Owned Business- African American (17)
- ◯ Woman Owned Business- Asian (18)
- ◯ Woman Owned Business- Hispanic (19)
- ◯ Woman Owned Business- Native American (21)
- ◯ Woman Owned Business- Other Minority (08)
- ◯ Minority Owned Business- African American (04)
- ◯ Minority Owned Business- Asian (32)
- ◯ Minority Owned Business- Hispanic (74)
- ◯ Minority Owned Business- Native American (15)
- ◯ Minority Owned Business- Other Minority (02)
- ◯ Non-Profit, IRC §501(c) (88)
- ◯ Non-Small, Non-Minority or Non-Woman Owned Business (00)
- ◯ Individual, Non-Business (00)

Certification ☐ **Exempt from backup withholding**

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature _____ **Title** _____ **Date** _____

STATE OF ARIZONA **AGENCY** USE ONLY — **VENDOR:** DO NOT WRITE BELOW THIS LINE

Agency Authorization: Print Name _____ Signature _____ Title _____

AGY _____ Phone # _____ Email _____ Date _____

STATE OF ARIZONA **GAO** USE ONLY — **VENDOR & STATE AGENCY:** DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ GAO-03 ☐ Other

Vendor Number _____ Processed by _____ Date Processed _____