REGISTRATION TO EXERCISE TRUST OR FIDUCIARY POWERS BY CERTAIN FEDERAL OR OUT-OF-STATE BANKS AND TRUST COMPANIES

Instructions: Any financial institution that does not meet the definition of "trust company," as specified in Section 1-101(v) of the Estates and Trusts Article of the Annotated Code of Maryland, must register with the Commissioner of Financial Regulation, prior to exercising trust or fiduciary powers in Maryland. In general, registration is not required by federal or out-of-state financial institutions with one or more full-service depository branches in Maryland.

Reciprocity: Reciprocity is required and must be confirmed by the: (1) Bank or trust company’s home state regulator (for institutions chartered by other states) or (2) Bank regulator for the state where the institution’s principal office is located (for federally-chartered institutions).

Return this form to: Teresa M. Louro, Deputy Commissioner, Office of the Commissioner of Financial Regulation, 500 N. Calvert Street, Suite 402, Baltimore, MD 21202.

Attach a letter from the home state regulator stating that a Maryland bank or trust company is permitted under state law to offer trust or fiduciary powers under substantially similar circumstances.

Also attach a letter from the Maryland resident agent, acknowledging their authorization and responsibility to accept service in Maryland.

Pursuant to the requirements of §14-110(b) of the Estates and Trusts Article of the Annotated Code of Maryland, application is hereby made by the following financial institution to exercise trust or fiduciary powers in the State of Maryland.

Name of Bank/Trust Company: ____________________________________________________________
Address of Principal Office: ________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Name of Contact Person: _________________________________________________________________
Title of Contact Person: _________________________________________________________________
Phone No. of Contact Person: ___________________________________________________________
Description of Trust Services:  
__________________________________________________________________________  
__________________________________________________________________________  
__________________________________________________________________________

Name of Resident Agent:  
__________________________________________________________________________  

Address of Resident Agent:  
__________________________________________________________________________  
*(must be located in Maryland)*  
__________________________________________________________________________  

Phone No. of Resident Agent:  
__________________________________________________________________________

*By my signature below, I certify that the applicant is authorized to exercise trust or fiduciary powers under federal law or the laws of the state where chartered:*

__________________________________________________________________________  

Print Name *(must be corporate officer)*  
__________________________________________________________________________  

Date  
__________________________________________________________________________  

Signature  
__________________________________________________________________________  

Title

Notice: This information will be kept on file and be available to the public. If changes are made to any of the above information, please notify the Office of the Commissioner of Financial Regulation in writing. The Commissioner will refer any violation of Maryland law to the institution’s primary state or federal regulator and to the Attorney General for the State of Maryland.