

## APPLICATION TO REGISTER AS A FAMILY TRUST COMPANY

*Form OFR-162-02*

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### General Instructions

This form is the application to register as family trust company, as defined in s. 662.111(12), F.S. The application consists of the form and Exhibits A-H, all of which must be fully completed and submitted before the Office will begin processing of the application.

Exhibit A	Family Members
Exhibit B	Current or Former Employees to Whom Services Will Be Provided
Exhibit C	Genealogical Chart
Exhibit D	Articles of Incorporation <sup>1</sup>
Exhibit E	Bylaws or Operating Agreement
Exhibit F	Capital Account
Exhibit G	Statement Regarding Maintenance of Corporate and Fiduciary Records
Exhibit H	List of All Stockholders or Members

**Authorized Representative.** The application must be completed and affirmed under penalty of perjury by an authorized representative of the proposed family trust company. The authorized representative must be an officer or director, if the proposed family trust company will be organized as a corporation, or a manager, officer, or member, if the proposed family trust company will be organized as a limited liability company.

The authorized representative may designate a correspondent or legal representative to correspond with the Office for the purpose of inquiries and requests for information regarding the application. The duty to ensure that all information provided in the application is complete, correct, and true remains with the proposed family trust company's authorized representative.

All statutes, rules, and forms relating to family trust companies are available at the Office of Financial Regulation, Division of Financial Institution's website:

<http://www.flofr.com/StaticPages/DivisionOfFinancialInstitutions.htm>

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<sup>1</sup> The references herein to Articles of Incorporation include Articles of Organization, Certificate of Incorporation, Certificate of Formation, or Certificate of Organization pursuant to s. 662.123, F.S.

If additional space is needed to complete the information required by this form, attach additional pages as necessary and identify the question to which the additional pages pertain.

Upon completion, submit the application, along with the nonrefundable \$5,000 registration application fee payable to the Office of Financial Regulation to:

Director, Division of Financial Institutions  
Office of Financial Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0371

The nonrefundable \$5,000 registration application fee payable to the Office of Financial Regulation is attached for deposit into the Financial Institutions' Regulatory Trust Fund.

Org: 43843020300 Flair Object Code: 001051 EO: V1 Revenue Source Code: 211
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This application will not be deemed to be filed until the applicant has provided the Office with all information required.

# APPLICATION

## 1. Name of the Proposed Family Trust Company

\_\_\_\_\_

## 2. Current Street Address and Telephone Number of the Physical Location in this State of the Proposed Family Trust Company's Principal Place of Operations

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

\_\_\_\_\_

City: \_\_\_\_\_, Florida      Postal Code: \_\_\_\_\_

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

Facsimile Number (if any): \_\_\_\_\_

## 3. Addresses of Any Branch Office Locations

Address	City	State	Postal Code

## 4. Registered Agent in this State for the Proposed Family Trust Company

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

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

\_\_\_\_\_

City: \_\_\_\_\_, Florida      Postal Code: \_\_\_\_\_

**5. The Proposed Family Trust Company’s Authorized Representative**

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

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

City: \_\_\_\_\_, Florida      Postal Code: \_\_\_\_\_

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

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

**6. The Proposed Family Trust Company’s Correspondent for Purposes of this Application (if other than the Authorized Representative)**

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

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

City: \_\_\_\_\_, Florida      Postal Code: \_\_\_\_\_

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

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

**7. Designated Relative**

Last Name	First	Middle and Maiden (if applicable)	Suffix
Date of Birth: _____			

**8. Family Members**

Provide the following information on Exhibit A.

*Natural Persons.* For each family member who is a natural person, provide the full name, date of birth, and state the facts of the family member’s relation to the designated relative(s) and qualification as a “family member” under Paragraph 662.111(11)(a), (b), (c), or (d), F.S.

*Entities.* For each family member which is not a natural person, but which qualifies as a “family member” under Paragraph 662.111(11)(e), (f), (g), (h), (i), or (j), F.S., provide the entity’s name, address, and state the facts of the entity’s qualification as a family member. The facts must include the identity of the family member(s) who are natural persons through which the entity qualifies as a family member.

**9. Current or Former Employees to Whom Services Will Be Provided**

For each individual who is not a family member but who qualifies under s. 662.111(12)(d), F.S., as an individual to whom the family trust company will provide services, provide, in Exhibit B, the individual’s full name and whether the individual is a current or former employee of the family trust company, or one or more trust companies, or other entities that are family members. Provide the name of the entity with which the individual was or is employed, the dates of employment, and title, if applicable. The number of current or former employees to whom services will be provided may not exceed 35.

**10. Genealogical Chart**

Provide, as Exhibit C, a genealogical chart or depiction that includes all of the family members and the nature and degrees of relation to the designated relative.

**11. Articles of Incorporation<sup>2</sup>**

Provide, as Exhibit D, a copy of the proposed articles of incorporation, which must include the following minimum information pursuant to s. 662.123, F.S.:

- (a) The name of the proposed family trust company.
- (b) The purpose for which the company is formed, which must clearly identify the restricted activities permissible to a family trust company.
- (c) A statement that the company will not offer its services to the general public.
- (d) A statement affirming that the articles of incorporation will not be amended without prior written notice to the office.

Additionally, insert the following statement on the last page for completion by the Office upon approval:

The foregoing Articles of Incorporation contain the information required under s. 662.123, F.S. and are approved by Office of Financial Regulation this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in Tallahassee, Florida.

\_\_\_\_\_  
Director, Division of Financial Institutions

<sup>2</sup> The references herein to Articles of Incorporation include Articles of Organization, Certificate of Incorporation, Certificate of Formation, or Certificate of Organization pursuant to s. 662.123, F.S.



**14. Deposit Account**

State the name and address of the financial institution, which must be a state-chartered or national financial institution that has a principal or branch office in Florida, where the family trust company will maintain a deposit account.

Name of Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Florida Office Address: \_\_\_\_\_

\*Florida Office City: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\* If different from the address above.

**15. Applicable State and Local Business Licenses, Charters, and Permits**

List all applicable state and local business licenses, charters, and permits obtained or that will be obtained.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. Capital Account**

Complete and provide all information required by the attached Exhibit F.

**17. Statement Regarding Maintenance of Corporate and Fiduciary Records**

Attach, as Exhibit G, a statement that describes in detail how the proposed family trust company will maintain accurate corporate and fiduciary services records. The statement must identify by name any automated accounting system software or third-party accounting service provider to be used for corporate and fiduciary accounting. Any fiduciary accounting system should provide fiduciary accounting separate from corporate accounts as provided in s. 662.127, F.S., and in accordance with ss. 736.0810 and 736.08135, F.S. (2014), incorporated by reference in Rule 69U-162.004(3), F.A.C., and Rule 5.346, Fiduciary Accounting, of the Florida Probate Rules, effective 01/01/2011, incorporated by reference in Rule 69U-162.004(3), F.A.C. If accounting and bookkeeping functions are to be performed off the premises of the proposed family trust company’s principal place of business, name the servicing agent, and describe any affiliation by way of ownership, directorship, or common employment of personnel which the proposed family trust company may have with the servicing agent.

**18. List of All Stockholders or Members**

Attach, as Exhibit H, a complete list of all stockholders or members. The list must state the total number of shares outstanding for the proposed family trust company, and each stockholder's or member's name, address, and number of shares owned. For stockholders or members that are entities, state the name, address, and number of shares owned by the entity, along with the names of the stockholders or members of the entity and the number of shares owned in the entity.



**CERTIFICATION**

I, the undersigned authorized representative of \_\_\_\_\_, the proposed family trust company applicant named herein, hereby affirm, under penalty of perjury, that I am authorized to make this application on behalf of the applicant named herein; that the applicant is a family trust company as defined under Chapter 662, F.S.; that proposed family trust company's operations will comply with ss. 662.1225, 662.123(1), 662.124, 662.125, 662.127, 662.131, and 662.134, F.S.; that I have read the foregoing application and all information submitted herewith; and that the application and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who  is personally known to me or who  produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

Notary Seal:



2. *List of Family Members – Entities*

Attach additional sheets as necessary to include all family member entities.

In the first column, identify the type of family member entity under s. 662.111(11), F.S. (family affiliate, trust, probate estate, or charitable foundation or entity).

In the second column, provide the name of the entity.

In the third column, provide the facts of the family member entity’s qualification as a family affiliate, trust, probate estate, or charitable foundation or entity, including the relationship to any family member who is a natural person.

<b>List One of the Following: Family Affiliate, Trust, Probate Estate, or Charitable Foundation or Entity</b>	<b>Name of Family Member Entity</b>	<b>Qualifying Facts</b>

**EXHIBIT B**  
**Current or Former Employees to Whom Services Will Be Provided**

List each current or former employee to whom services will be provided. Attach additional sheets as necessary, but the number of current or former employees to whom services will be provided may not exceed 35. Each individual must be employed by or formerly employed by the family trust company or one or more trusts, companies, or other entities that are family members.

<b>Name of Current or Former Employee</b>	<b>Dates of Employment</b>		<b>Title/Capacity</b>	<b>Name of Employer of Former Employer</b>
	<b>From MM/DD/YYYY</b>	<b>To MM/DD/YYYY</b>		

**EXHIBIT C**  
**Genealogical Chart**

Provide a genealogical chart or table that includes all of the family members and the nature and degrees of relation to the designated relative.

**EXHIBIT D**  
**Articles of Incorporation**

**EXHIBIT E**  
**Bylaws or Operating Agreement**

Provide a copy of the proposed family trust company's bylaws or operating agreement.





**3. Proposed Distribution of Stock Ownership**

	Total Number of Shares	% of Total
Proposed Directors, Officers, and Managers		
Controlling Stockholders or Members		
Holding Company		
Balance of Family Members (not already included above)		
<b>TOTAL</b>		100.00%

**4. If a holding company, as that term is defined in Rule 69U-162.002, F.A.C., will be subscribing to 10% or more of the stock or membership interests, please provide the following:**

A. The name and address of the holding company.

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B. Attach a copy of the holding company’s most recent annual report (if any). In addition, attach a copy of the holding company’s current statement of condition (if any). If a current statement of condition for the holding company is not available, please attach a pro forma statement of condition for the holding company as of the proposed opening day for the family trust company.

**5. Complete the following schedule to list all anticipated expenses to be incurred in organizing the proposed family trust company other than investments in land, building, or leasehold improvements. The list should include expenses to be paid during the organizational period and expenses that will be incurred during the organizational period but will be listed as accounts payable or deferred expenses at the time of opening. Attach additional sheets as necessary.**

Expense	Dollar Amount
Attorneys’ Fees	
Consultant Fees	
Appraisals	
Salaries	

Application, Investigation, Incorporation Fees	
Lease or Option Fees	
Other Expenses (and below, list items in excess of \$1,000, including travel, entertainment, office supplies)	
Other expense:	
Other expense:	
Other expense:	
Other expense:	
Accounts Payable at opening (and below, describe in detail any item in excess of \$1,000)	
Item:	
Item:	
Item:	
Item:	
Deferred Expenses at opening (and below, describe in detail any item in excess of \$1,000)	
Item:	
Item:	
Item:	
Item:	
Total Expenses of Organization	
LESS: Pre-Opening Income	
LESS: Expenses eligible for capitalization under U.S. Generally Accepted Accounting Principles	
Net Organization Expenses	
Describe the Source(s) of Pre-opening Income:	

**EXHIBIT G**  
**Statement Regarding Maintenance of Corporate and Fiduciary Records**

**EXHIBIT H**  
**List of All Stockholders or Members**

Please provide the following information. Attach additional sheets as necessary.

Name of Individual or Entity*	Address	Nature and Degree of Relationship to Designated Relative	Number of Shares Owned	*For an Entity, list the names of the stockholders or members of the Entity, the nature and degree of relationship to the Designated Relative, and the number of shares owned in the Entity
FAMILY TRUST COMPANY'S TOTAL NUMBER OF OUTSTANDING SHARES:				