



State of North Carolina

OFFICE OF THE COMMISSIONER OF BANKS

APPLICATION FOR AUTHORITY TO ACT AS FIDUCIARY WITHOUT BOND

In accordance with the provisions of N.C.G.S. § 53-160, *et. seq.*, _____,
Name of applicant bank or trust company

_____, ("Applicant") hereby applies for
City and State of principal office

licensure to act as Guardian, Trustee, Assignee, Receiver, Executor or Administrator, in the State of North Carolina for the year ending December 31, 20____. Applicant certifies that the amount of its capital fund as of the most recent calendar quarter-end, as defined by N.C.G.S. §53C-1-4(12), is \$_____.

(N.C.G.S. §53C-1-4(12) Capital – An amount equal to the bank’s “total capital” as that term is used by the FDIC in 12 C.F.R. Part 325; provided, that if the term “total capital” is replaced by a term including substantially the same elements as “total capital,” the term “capital” as used in this Chapter shall mean an amount equal to the amount calculated by application of the definition of such replacement term.

IN WITNESS WHEREOF, this application has been executed by _____,
Name of Officer

_____, this the ____ day of _____, 20____.
Officer's Title

Attest _____
Corporate Secretary

Name and Address of Bank or Trust Company

Phone Number: _____

Fax Number: _____

Email: _____

**Please submit completed application with a check in the amount of \$500.00 payable to:
Department of Commerce / Banking Commission**

LOCATION: 316 W. EDENTON STREET, RALEIGH, NC 27603
MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309
(919) 733-3016 FAX (919) 733-6918 INTERNET: WWW.NCCOB.GOV
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER