



State of Alaska, Department of Commerce, Community, and Economic Development

Division of Banking and Securities
P.O. Box 110807, Juneau, AK 99811-0807
Phone: 907-465-2521 Fax: 907-465-1230
E-mail: financialinstitutions@alaska.gov

Alaska Private Trust Annual Certification

Please return the completed form and the fee to the address listed above.

Please file this form annually, along with a fee of \$1,000.00 to the Division no later than
December 31st each calendar year.

Private Trust Company Name: _____
Business/Physical Address: _____
Company Mailing Address: _____
First & Last Name: _____
Position/Title: _____
Mailing Address: _____
E-mail: _____
Phone: _____

If different from above, list below the individual as the primary certification contact for the private trust company. A minimum of one certification contact must be identified and the individual must be authorized to receive all compliance and licensing information, communications and mailings, and be responsible for disseminating it to others within your company as necessary. Use additional sheets as necessary.

Primary Certification Contact

First & Last Name: _____
Position/Title: _____
Company Name: _____
Mailing Address: _____
E-mail: _____
Phone: _____

Certification Contact

First & Last Name: _____
Position/Title: _____
Company Name: _____
Mailing Address: _____
E-mail: _____
Phone: _____

Alaska Statute 06.01.025 Records of the department

Information in the records of the department obtained through the administration of this title is confidential, is not subject to subpoena, and may be revealed only with the consent of the department.



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I, _____ (Full Name), of _____ (Company Name), on this date _____ (MM/DD/YYYY), verify that I executed this certification on my own behalf and/or am authorized to attest to and submit this filing on the behalf of the above named private trust company organized under AS 10.50 and authorized to operate as a private trust company under AS 06.26. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law that the above named private trust company continues to meet the qualifications, conditions, and limitations of the exempt status as required by AS 06.26.200 and AS 06.26.210.

Signature

By: _____

Position/Title: _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20__.

Notary Public in and for _____

Notary Printed Name
My commission expires: _____

This section to be completed by the Division of Banking and Securities

Date Received: _____
Printed Name: _____
Position/Title: _____
Signature: _____

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