

Alaska Trust Company Uniform Application Form

Alaska Trust Company AS 06.26.090(d) Must be Incorporated in accordance with AS 06.26.070	Interstate Trust Company AS 06.26.090(d)	Private Trust Company AS 06.26.210 & 3 AAC 04.010
1. Admin. Information		
A. Entity Name (Sole Proprietors provide Last, First, and Full Middle Name)		
B. Trade Name for conducting business in Alaska:		
C. IRS Employer Identification Number (Social Security Number for sole proprietorship)		
D. Indicate legal status of licensee:		
E. If other than a sole proprietorship, indicate date and place the entity obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where licensee entity was formed):		
Formation State	Formation Country	
F. Fiscal Year End (MM/DD)		
G. If publicly traded, insert stock symbol:		
H. Physical Address (Do not use P.O. Box)		
Number & Street	City	State Country Postal Code
I. Mailing Address Same as above		
P.O. Box or Number & Street	City	State Country Postal Code
J. Business Communications		
Business Phone	Ext.	Fax Number Ext. Toll Free Ext.
Primary Email		
K. Other Trade Names		
List any other trade name(s) (i.e. business name, fictitious name, or "doing business as" name) for this company below.		
Other Trade Names or "dba" used	State(s) where 'dba' Name is used	Identify applicable industry:
Other Trade Names or "dba" used	State(s) where 'dba' Name is used	Identify applicable industry:
L. Select corporate structure that best describes the company.		
Corporate Trust Company	Non-bank Bank (no deposits taken)	
Bank with Trust Powers	Trust Company with full banking powers	
Other:		
M. Company is a subsidiary of: Type N/A in Other if not applicable.		
Depository Institution	Financial Holding Company	
Bank Holding Company	Corporate Holding Company	
Other:		
N.(1) Describe trust activities to be conducted with Alaska residents:		
N.(2) Above trust activities will be conducted:		
No physical location in Alaska	An office in Alaska for marketing & Soliciting trust services only	
A full service bank/savings bank branch in Alaska	An office in Alaska for trust services only, no deposits	
Other:		

Alaska Trust Company Uniform Application Form

2. Personnel Contact Information

A. Resident/Registered Agent (If resident/registered agent is a company, put the words 'registered agent' in the Title field.)

First Name	Last Name	Company	Title
------------	-----------	---------	-------

Number & Street (No P.O. Boxes)	City	State	Country	Postal Code
---------------------------------	------	-------	---------	-------------

Business Phone	Ext.	Fax Number	Ext.	Email Address
----------------	------	------------	------	---------------

List below the individual as the primary contact employee for this company. Minimum of one primary company contact and one primary consumer complaint (regulator) 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 if necessary.

B. Primary Application Contact

First Name	Last Name	Company	Title
------------	-----------	---------	-------

Number & Street (No P.O. Boxes)	City	State	Country	Postal Code
---------------------------------	------	-------	---------	-------------

Business Phone	Ext.	Fax Number	Ext.	Email Address
----------------	------	------------	------	---------------

C. Secondary Application Contact

First Name	Last Name	Company	Title
------------	-----------	---------	-------

Number & Street (No P.O. Boxes)	City	State	Country	Postal Code
---------------------------------	------	-------	---------	-------------

Business Phone	Ext.	Fax Number	Ext.	Email Address
----------------	------	------------	------	---------------

D. Pledged Assets Custody Contact

First Name	Last Name	Company	Title
------------	-----------	---------	-------

Number & Street (No P.O. Boxes)	City	State	Country	Postal Code
---------------------------------	------	-------	---------	-------------

Business Phone	Ext.	Fax Number	Ext.	Email Address
----------------	------	------------	------	---------------

Provide the information requested below for the records custodian maintaining records for the company. Provide the name of the individual who should be contacted with inquiries or to gain access to the storage location. If multiple custodians maintain records for the company, use the Comments field to indicate the types of records this custodian maintains. Use additional sheets if necessary.

E. Books & Records Contact

First Name	Last Name	Company	Title
------------	-----------	---------	-------

Number & Street (No P.O. Boxes)	City	State	Country	Postal Code
---------------------------------	------	-------	---------	-------------

Business Phone	Ext.	Fax Number	Ext.	Email Address
----------------	------	------------	------	---------------

Comments:	
-----------	--

Alaska Trust Company Uniform Application Form

3. Executive Officers, Indirect Owners, & Foreign Agents

Provide the information requested below for the individual or company being identified as a (i) direct owner of 25% or more; (ii) executive officer; and/or (iii) control person of your company (excluding indirect owners that must be identified in the Indirect Owners section of this filing). An MU2 Form (attached left) must be completed for all natural person(s) identified in this section.

A. Executive Officers & Direct Owners

Full Legal Name (Individuals: Last Name, First Name, MI)	Ownership Type	Equity Owner	% of Ownership	Stock Symbol (Company only)	SSN or EIN	Individual or Company

B. Indirect Owners

Full Legal Name (Individuals: Last Name, First Name, MI)	Direct Owner Of	Equity Owner	% of Ownership	Stock Symbol (Company only)	SSN or EIN	Individual or Company

4. Additional Information

A. Affiliates/Subsidiaries

Affiliate/Subsidiary Name:					
Number & Street (No P.O. Boxes)	City	State	Country	Postal Code	
Control Relationship:	Affiliate (Under Common Control)			Subsidiary (Entity Controls)	
Description:					

I am providing an organizational chart or a document briefly describing control relationship(s) with affiliates/subsidiaries and control entities (including percentage of interest) Yes No

B. Provide the trust's and parent company's (if applicable) current capital level (including equity capital + reserves) at the close of the most recent quarter.

Trust	Total \$			as of	
Parent Entity (if applicable)	Total \$			as of	

Alaska Trust Company Uniform Application Form

5. Disclosure Questions

For purposes of responding to the questions below, the term "control affiliate" means: a partnership, corporation, trust, LLC, or other organization that directly or indirectly controls, or is controlled by, the licensee. If the answer to any of the following is "YES", you must provide complete details on a separate sheet.

Financial Disclosure

- A. In the past ten years has the entity or a control affiliate been the subject of a bankruptcy petition?
- B. Has a bonding company ever denied, paid out on, or revoked a bond for the entity?
- C. Does the entity have any unsatisfied judgments or liens against it?

Criminal Disclosure

- D. Has the entity or a control affiliate ever:
1. Been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?
 2. Been charged with any felony?
 3. In the past 10 years, been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion?
 4. Are there pending charges for a misdemeanor specified in 5(D)(3)?

Regulatory Action Disclosure

- E. In the past 10 years, has any state or federal regulatory agency or foreign financial regulatory authority ever:
1. Found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical?
 2. Found the entity or a control affiliate to have been involved in a violation of a financial services-related regulation(s) or statute(s)?
 3. Found the entity or a control affiliate to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted?
 4. Entered an order against the entity or a control affiliate in connection with a financial services-related activity?

- F. Has the entity's or a control affiliate's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?

- G. Is there a pending regulatory action against the entity or a control affiliate for any alleged violation described in E. & F.?

Civil Judicial Disclosure

- H. Has any domestic or foreign court:
1. In the past ten years enjoined the entity or a control affiliate in connection with any financial services-related activity?
 2. In the past ten years found the entity or a control affiliate was involved in a violation of any financial services-related statute(s) or regulation(s)?
 3. in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the entity or a control affiliate by a state, federal, or foreign financial regulatory authority?

- I. Is there a pending financial services-related civil action in which the entity or a control affiliate is named for any alleged violation described in H.?

Customer Arbitration/Civil Litigation Disclosure

- J. Have you ever been named as a respondent/defendant in a financial services-related consumer-initiated arbitration or civil litigation which:
1. is still pending; or
 2. resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or
 3. was settled for any amount?

Alaska Trust Company Uniform Application Form

NEW APPLICATION ATTESTATION

EXECUTION:

I, _____ (Full Name), _____ (Title/Position), am employed by or am an officer or a control person of _____ (Applicant). Applicant agrees to and represents the following:

- 1. That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this application, are current, true, and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
- 2. To the extent any information previously submitted is not amended, such information remains accurate and complete;
- 3. That the State of Alaska, to which the application is being submitted, may conduct any investigation into the background of the Applicant and any related individuals or entities, in accordance with all laws and regulations for purposes of making a determination on the application;
- 4. To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- 5. To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which the Applicant is applying.

If the Applicant has knowingly made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, the foregoing application may be denied.

On this _____ (MM/DD/YYYY), I verify that I am the named person above and that I am authorized to attest to and submit this filing on behalf of the Applicant. I solemnly swear (or affirm) under the penalty of perjury or un-sworn falsification to authorities, or similar provisions as provided by law that I have reviewed the foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge, information, and belief.

(Signature of Attestant)

(Printed name of Attestant)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

NOTARY SEAL

(Signature of notary public)

County of: _____
Notary public state of: _____
My commission expires: _____

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.