

STATE OF ALASKA DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT DIVISION OF BANKING AND SECURITIES P.O. Box 110807 Juneau, AK 995811 TELEPHONE (907) 269-8140 EMAIL financialinstitutions@alaska.gov https://www.commerce.alaska.gov/web/dbs/Banking.aspx

## State of Alaska Trust Exemption Form

In order to comply with 3 AAC 04.020, a person claiming an exemption under AS 06.26.020 (a)(1), (9), or (18) shall complete and submit this form to the Division of Banking and Securities at the address above.

Name (First, Middle, Last)				
Name of Business				
Business Address (Use personal if N/A)				
City	State		Zip Code	
Business Phone Number	E	E-mail Address		
Section 06.26.020. Exemptions. (a) Notwithstanding any other pro this chapter if the person [check t			s not act as a fiduciary	under
(1) is licensed to practice law in this the person and any law firm of the p established for the person and law f "law firm" means a partnership, a pr association organized for the practic	berson are not trustees firm by the department rofessional corporation	of more trusts that by regulation or o organized under	an the number order; in this paragraph, AS 10.45, or another	
(9) has a certified public accountant acting within the scope of the licens trustees of more trusts than the nun department by regulation or order; i professional corporation organized practice of public accounting and in	e, and the person and a nber established for the n this paragraph, "acco under AS 10.45, or ano	any accounting fine person and acco unting firm" mear other association of	rm of the person are not bunting firm by the ns a partnership, a brganized for the	
(18) serves as a trustee of one or m person, except that the person may cumulatively have more than 10 diff regulation or order the maximum nu husband and wife who create a join	not at any one time set ferent settlors; however umber of settlors allowe	rve as a trustee for , the department d for this exemption	or trusts that may change by	
With respect to number (1) and (9 With respect to number (18) abov *3 AAC 04.020				

Signature \_\_\_\_\_

Date