



John R. Ashcroft
Secretary of State
State of Missouri
600 W. Main • PO Box 1276
Jefferson City, MO 65102

APPLICATION TO REGISTER AS A FAMILY TRUST COMPANY

Form FTC-01

General Instructions

This form is the application to register as family trust company, as defined in section 362.1015(8), RSMo. The application consists of the form and Exhibits A-E, all of which must be fully completed and submitted before the Office of Secretary of State will begin processing of the application.

- Exhibit A Family Members
- Exhibit B Organizational Instrument
- Exhibit C Bylaws or Operating Agreement
- Exhibit D Statement Regarding Maintenance of Company and Fiduciary Records
- Exhibit E List of Proposed 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 secretary 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 Secretary of State's website: <http://www.sos.mo.gov>.

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 filing fee payable to the Secretary of State to:

Secretary of State
Securities Division
600 W. Main Street
PO Box 1276
Jefferson City, MO 65102

- The nonrefundable \$5,000 filing fee payable to "Secretary of State" is attached for deposit into the Family Trust Company Fund.

This application will not be deemed to be filed until the applicant has provided the secretary 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: _____, Missouri Postal Code: _____

Telephone Number: _____

Facsimile Number (if any): _____

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

Name: _____

Street Address: _____

City: _____, Missouri Postal Code: _____

4. The Proposed Family Trust Company's Authorized Representative

Name: _____

Address: _____

City: _____, Missouri Postal Code: _____

Telephone Number: _____

Email Address: _____

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

Name: _____

Address: _____

City: _____, Missouri Postal Code: _____

Telephone Number: _____

Email Address: _____

6. Designated Relative

Name (Last, First, Middle): _____

Maiden (if applicable): _____

Date of Birth: _____

7. 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 section 362.1015(7) (a), (b), (c), (d) or (e), RSMo.

Entities. For each family member which is not a natural person, but which qualifies as a “family member” under section 362.1015(7)(f), (g), (h), or (i), RSMo., 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.

8. Organizational Instrument²

Provide, as Exhibit B, a copy of the proposed organizational instrument, which must set forth all of the information required under chapters 347 or 351, as applicable, and include the following minimum information and statements pursuant to sections 362.1030 and 362.1040, RSMo.:

- (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) That the company will not offer its services to the general public.
- (d) The name of the designated relative.
- (e) That the family trust company is a family trust company as defined under sections 362.1010 to 362.1117.
- (f) That the family trust company’s operations will comply with sections 362.1010 to 362.1117.

9. Bylaws or Operating Agreement

Provide, as Exhibit C, a copy of the proposed family trust company’s bylaws or operating agreement.

²The references herein to organizational instrument include the articles of incorporation for a corporation or the articles of organization for a limited liability company pursuant to section 362.1015(13), RSMo.

10. Directors or Managers

Provide the name, title, and residence address for each of the persons who will serve as a director, if a corporation; or director or manager, if a limited liability company. If a corporation, the board of directors must consist of at least three directors; or if a limited liability company, the board of directors or managers must consist of at least three directors or managers. Attach additional sheets as necessary. Please note that at least one director or manager of the company must be a Missouri resident.

Name	Title	Residence Address

11. 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 Missouri, where the family trust company will maintain a deposit account.

Name of Institution: _____

Address: _____

City: _____ State: _____ Postal Code: _____

*Missouri Office Address: _____

*Missouri Office City: _____ *Postal Code: _____

* If different from the address above.

12. 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.

13. Capital Account

The authorized representative certifies that the family trust company will not be organized or operated with a capital account of less than \$250,000. The assets forming the minimum capital account shall consist of cash, United States Treasury obligations, or any combination thereof.

14. Statement Regarding Maintenance of Company and Fiduciary Records

Attach, as Exhibit D, a statement that describes in detail how the proposed family trust company will maintain accurate company 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 company and fiduciary accounting. Any fiduciary accounting system should provide fiduciary accounting separate from company accounts as provided in section 362.1050, RSMo. 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.

15. List of Proposed Stockholders or Members

Attach, as Exhibit E, a complete list of proposed stockholders or members. The list must state the proposed total number of shares or membership units for the proposed family trust company, and each stockholder's or member's name, address, and proposed number of shares or membership units owned. For proposed stockholders or members that are entities, state the name, address, and number of shares or membership units proposed to be owned by the entity, along with the names of the stockholders or members of the entity and the number of shares or membership units 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 362, RSMo.; that proposed family trust company's operations will comply with the provisions of sections 362.1010 to 362.1117, RSMo.; 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:

EXHIBIT A

1. List of Family Members – Natural Persons

Attach additional sheets as necessary to include all family members.

Last Name	First Name	Full Middle Name	Date of Birth MM/DD/YYYY	Nature and Degree of Relationship to Designated Relative

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 section 362.1015(7), RSMo. (family affiliate, trust, probate estate, etc.).

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, etc., including the relationship to any family member who is a natural person.

Type of Family Member Entity	Name of Family Member Entity	Qualifying Facts

EXHIBIT B
Organizational Instrument

EXHIBIT C
Bylaws or Operating Agreement

EXHIBIT D
Statement Regarding Maintenance of Company and Fiduciary Records

EXHIBIT E
List of Proposed 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 or Units 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 or units owned in the Entity
FAMILY TRUST COMPANY'S TOTAL NUMBER OF OUTSTANDING SHARES OR UNITS:				