



State of Maryland
Department of Labor
OFFICE OF THE COMMISSIONER OF FINANCIAL REGULATION
500 N. Calvert Street, Suite 402
Baltimore, Maryland 21202

REGISTRATION TO EXERCISE TRUST OR FIDUCIARY POWERS IN MARYLAND

Instructions: A bank, trust company, or savings bank that does not meet the definition in Md. Code Ann., Estates and Trust ("ET") §1-101(v) <https://msa.maryland.gov/msa/mdmanual/html/mmtoc.html>, is subject to ET §14.5-710(b), and shall file with the Office of the Commissioner of Financial Regulation, prior to exercising trust or fiduciary powers in the State of Maryland. In general, registration is not required by federal or out-of-state financial institution with one or more deposit taking branches in the State of Maryland.

Reciprocity: Reciprocity is required and must be confirmed by the: (1) Bank or trust company's home state regulator (for institutions chartered by other states) or (2) Bank regulator for the state where the institution's principal office is located (for federally-chartered institutions).

Return this form to: The Corporate Activities Unit of the Office of the Commissioner of Financial Regulation, at 500 N. Calvert Street, Suite 402, Baltimore, MD 21202, or emailed to DLFRFinReg-LABOR@maryland.gov

1. The registrant must provide a letter confirming reciprocity from the chartering state regulator.
2. The registrant must be qualified to do business in Maryland, and must provide a certificate of good standing from its chartering state and the State Department of Assessments and Taxation (Maryland) <https://dat.maryland.gov> and the name and address of the registrant's resident agent.

Pursuant to the requirements of Section 14.5-710 of the Estates and Trusts Article, Annotated Code of Maryland, application is hereby made by the following financial institution to exercise trust or fiduciary powers in the State of Maryland:

Name of Bank/Trust Company: _____

Address of Principal Office: _____

Name of Contact Person: _____

Title of Contact Person: _____

Phone No. of Contact Person: _____

Description of Trust Services: _____

Name of Resident Agent: _____

Address of Resident Agent: _____

Phone No. of Resident Agent: _____

(Resident Agent must be located in Maryland)

By my signature below, I certify that the Applicant bank or trust company will not establish an office in Maryland for the purpose of exercising trust or fiduciary powers, unless written approval for such office has been issued by the Maryland Office of Financial Regulation.

Print Name *(must be corporate officer)*

Date

Signature

Title

Email Address *(confirmation of receipt will be emailed)*

Notice: This information will be kept on file and is available to the public. If change is to be made to any of the above information, written notice must be provided to the Commissioner of Financial Regulation at least fifteen (15) days prior to the effective date of the pending change. Failure to provide proper notice may void this registration.

The Commissioner will refer any violation of Maryland law to the institution's primary state or federal regulator and to the Attorney General for the State of Maryland.