

FLORIDA OFFICE OF FINANCIAL REGULATION  
Division of Financial Institutions  
200 East Gaines Street  
Tallahassee, Florida 32399-0371  
[www.flofr.com](http://www.flofr.com)

**Annual Renewal Application**  
*Form OFR-162-04*

**For:**  
**Family Trust Companies**  
**Licensed Family Trust Companies**  
**Foreign Licensed Family Trust Companies**

This form is for use by family trust companies, licensed family trust companies, and foreign licensed family trust companies in applying for renewal of their license or registration, as applicable.

The annual license or registration renewal application must be completed on this form and signed under penalty of perjury by the applicant's authorized representative as that term is defined in s. 662.111, F.S. The authorized representative may designate a correspondent or legal representative to correspond with the Florida Office of Financial Regulation, Division of Financial Institutions ("Office") 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 applicant's authorized representative.

All statutes, rules, and forms relating to family trust companies, licensed family trust companies, and foreign licensed family trust companies, are available at the Office's website:  
<http://www.flofr.com/StaticPages/DivisionOfFinancialInstitutions.htm>

Attach additional pages as necessary to complete the information required by this form, identifying the question(s) to which the additional pages pertain. Each application must be accompanied by the applicable nonrefundable filing fee (indicated below), made payable to the Florida Office of Financial Regulation.

Family Trust Companies	\$750.00
Licensed Family Trust Companies	\$1,500.00
Foreign Licensed Family Trust Companies	\$1,000.00

The annual license or registration renewal application form must be submitted to the Office within 30 days after the end of the calendar year. The annual license or registration renewal application will not be deemed to be filed until the applicant has provided all the information required by this form, along with the applicable filing fee. Upon completion of the application, submit the application, along with the applicable nonrefundable application fee to:

Director, Division of Financial Institutions  
Office of Financial Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0371

Org: 43843020300  
Flair Object Code: 001051  
EO: V1  
Revenue Source Code: 211

**1. Applicant Information**

Family Trust Company  Licensed Family Trust Company  Foreign Licensed Family Trust Company

Company Name: \_\_\_\_\_

**2. Street Address of Principal Place of Business or Operations (as applicable)**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_, Florida                      Postal Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Facsimile Number (if applicable): \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

**3. Branch Location(s)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Facsimile Number (if applicable): \_\_\_\_\_

**4. Applicant's Authorized Representative**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address Line: \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Facsimile Number (if applicable): \_\_\_\_\_

**5. Name and Street Address of Registered Agent in Florida**

Has there been a change in the company’s registered agent since initial licensing or since the prior annual renewal?

Yes                       No

If the answer is “yes,” please provide the following information.

Name of Registered Agent: \_\_\_\_\_

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_, Florida                      Postal Code: \_\_\_\_\_

**6. Deposit Account**

Has the company changed depository institutions since initial licensing or since the prior annual renewal?

Yes                       No

If the answer if “yes,” please provide the following information regarding the state-chartered or nationally-chartered financial institution with a principal or branch office in this state, where the family trust company, licensed family trust company, or foreign licensed family trust company maintains its deposit account in accordance with s. 662.1225, F.S.

Name of the institution: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_, Florida                      Postal Code: \_\_\_\_\_

**7. Information Specific to Licensed Family Trust Companies**

(a) Have there been any changes to the licensed family trust company’s operations, principal place of business, directors, officers, managers, members acting in a managerial capacity, or designated relatives since the end of the prior calendar year?

- Yes                       No

If the answer is “yes,” please describe the changes in detail. Attach additional sheets as necessary.

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(b) Have there been any changes to the licensed family trust company’s fidelity bond since the end of the prior calendar year?

- Yes                       No

If the answer is “yes,” please attach copies of the current policy or declaration page for each fidelity bond procured and maintained for each director, officer, manager, member acting in a managerial capacity, and employee in accordance with s. 662.126, F.S. In the alternative, provide increased capital account amounts in accordance with s. 662.126, F.S. The capital account information provided in section 7(d) below must reflect the increased amount.

(c) Have there been any changes to the licensed family trust company’s errors and omissions insurance policy since the end of the prior calendar year?

- Yes                       No

If the answer is “yes,” please attach a copy of the current policy or declaration page for the errors and omissions insurance procured and maintained in accordance with s. 662.126, F.S.

(d) Have there been any changes in the licensed family trust company’s capital account since the end of the prior calendar year?

Yes                       No

If the answer is “yes,” please provide the following information regarding the capital account, which must meet the requirement of s. 662.124, F.S. List each asset comprising the capital account, asset value, and the percentage of the total value, which evidences the licensed family trust company’s compliance with capital account requirement pursuant to s. 662.124, F.S. Attach additional sheets as necessary.

Assets Comprising Capital Account <sup>1</sup>	Asset Value	% of Total
TOTAL ASSETS COMPRISING CAPITAL ACCOUNT		

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<sup>1</sup> Assets comprising the capital account of the licensed family trust company must consist of cash, United States Treasury obligations, or any combination thereof, and have an aggregate market value in accordance with s. 662.132(1)(b), F.S.

**8. Information Specific to Family Trust Companies**

(a) Have there been any changes to the family trust company’s operations, principal place of business, directors, officers, managers, members acting in a managerial capacity, or designated relatives since the end of the prior calendar year?

Yes                       No

If the answer is “yes,” please describe the changes in detail. Attach additional sheets as necessary.

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(b) Have there been any changes in the family trust company’s capital account since the end of the prior calendar year?

Yes                       No

If the answer is “yes,” please provide the following information regarding the capital account, which must meet the requirement of s. 662.124, F.S. List each asset comprising the capital account, asset value, and the percentage of the total value, which evidences the family trust company’s compliance with capital account requirement pursuant to s. 662.124, F.S. Attach additional sheets as necessary.

Assets Comprising Capital Account <sup>2</sup>	Asset Value	% of Total
<b>TOTAL ASSETS COMPRISING CAPITAL ACCOUNT</b>		

<sup>2</sup> Assets comprising the capital account of the family trust company must consist of cash, United States Treasury obligations, or any combination thereof, and have an aggregate market value in accordance with s. 662.132(1)(b), F.S.

**9. Information Specific to Foreign Licensed Family Trust Companies**

(a) Has the telephone number or the physical location of the foreign licensed family trust company's principal place of business in its principal jurisdiction changed since the end of the prior calendar year?

Yes                       No

If the answer is "yes," please provide the current telephone number and street address of the physical location of the foreign licensed family trust company's principal place of business in its principal jurisdiction.

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(b) Has there been a change to the foreign licensed family company's supervisory or regulatory authority in its principal jurisdiction, including telephone number and address, since the end of the prior calendar year?

Yes                       No

If the answer is "yes," please provide the name, address, and telephone number of the foreign licensed family trust company's supervisory or regulatory authority in its principal jurisdiction:

Name of Authority: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

(c) Attach a certified copy of a certificate of good standing, or an equivalent document, issued by the licensing official or agency in the foreign licensed family trust company's principal jurisdiction, along with: (a) a description of the services the foreign licensed family trust company is authorized to provide in its principal jurisdiction and the services it provides; and (b) a description of the types of persons or entities to whom the foreign licensed family trust company is authorized to provide services in its principal jurisdiction and an identification of the types or persons or entities to whom the company is providing services in its principal jurisdiction.

(d) If the company's articles of organization or articles of incorporation, or bylaws or operating agreement, have been amended and/or restated, please attach a copy of such amended and/or restated documents.

**CERTIFICATION**

I, the undersigned authorized representative of the

\_\_\_\_\_ Family Trust Company

\_\_\_\_\_ Licensed Family Trust Company

\_\_\_\_\_ Foreign Licensed Family Trust Company

applicant named herein, hereby affirm, under penalty of perjury, that I am authorized to make this renewal application on behalf of the applicant named herein; that I have read the foregoing renewal application and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief; that the company does not, has not, and will not provide services to the public; that the applicant is operating in accordance with all applicable provisions of Chapter 662, F.S. and Rule Chapter 69U-162, F.A.C.; that the applicant has operated in compliance with Chapter 896, F.S., or similar state or federal law, or any related rule or regulation; and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested by this renewal application form may be deemed sufficient cause for the Office to refuse to renew the license or registration.

Signature of Authorized Representative: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_ (name of document signer), who \_\_\_ is personally known to me or \_\_\_ proved to me through the following identification:

\_\_\_\_\_ to be the person

who signed the preceding document in my presence and who swore or affirmed to me that the statement and contents of the document are truthful and accurate to the best of \_\_\_\_\_ his or \_\_\_\_\_ her knowledge and belief.

\_\_\_\_\_  
Notary Public Signature

Notary Seal: