

**TRUST COMPANY**

**WORKSHEET - ELIGIBILITY**

Name of trust company: \_\_\_\_\_

Home office location: \_\_\_\_\_

Name and title of person completing worksheet: \_\_\_\_\_

- |                            |          |
|----------------------------|----------|
| 1. Current capital stock   | \$ _____ |
| Surplus                    | \$ _____ |
| Other capital segregations | \$ _____ |
| Total capital              | \$ _____ |

*If total restricted capital is less than \$1,000,000, demonstrate that the Commissioner has approved in writing a lesser amount. Attach separate sheet if necessary.*

2. When was the last examination of the trust company conducted? \_\_\_\_\_

The examination was conducted by: DOB Federal Reserve  
*(Circle appropriate agency)*

Was the corporate composite rating a 1 or 2? Yes or No

3. List any regulatory conditions or commitments imposed by a state or federal regulator agency under which the company is currently operating. (Attach separate sheet if necessary.)

\_\_\_\_\_

Is the trust company operating in violation of any of these commitments or conditions? Yes or No

- |  |           |
|--|-----------|
| 4. Is the trust company operating under a memorandum of understanding? | Yes or No |
| Determination letter?  | Yes or No |
| Other notice of determination?   | Yes or No |
| Order to cease and desist?   | Yes or No |
| Other state or federal administrative enforcement order?               | Yes or No |