



NC Commissioner of Banks
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 Telephone: 919/733-3016 Fax: 919/733-6918 Internet: www.nccob.org

| | |
|-------------------------------|---------------|
| Office Use Only | |
| _____/_____/_____ Initials | _____ Date |

TRUST ASSETS UNDER MANAGEMENT - TRUST DEPARTMENT

BANK NAME _____ **at the close of business December 31,**
 (Full and exact legal title of the bank)

Instructions: Form 29 must be submitted annually on or before January 31 by all State banks licensed to operate a trust department, with notarized, original signatures of an authorized officer and three directors. The value of collective investment funds is to be reflected within the individual asset categories. Report book values of assets and liabilities.

| TRUST ASSETS | \$ Amount in Thousands |
|---|-------------------------------|
| Noninterest-Bearing Deposits: | |
| Own Bank & Affiliated Institutions | |
| Other Institutions | |
| [Overdrafts (show gross) included above: _____] | |
| Interest-Bearing Deposits: | |
| Own Bank & Affiliated Institutions | |
| Other Institutions | |
| U.S. Government & Agency Obligations | |
| State, County, and Municipal Obligations | |
| Other Short-Term Obligations | |
| Other Notes and Bonds | |
| Proprietary Mutual Funds | |
| Money Market Mutual Funds | |
| All Other Mutual Funds | |
| Stocks | |
| Real Estate Mortgages | |
| Real Estate | |
| Miscellaneous Assets | |
| Suspense Accounts | |
| Other Assets: (Itemize) | |
| | |
| | |
| TOTAL FIDUCIARY ASSETS | \$ |
| LESS REAL ESTATE (Book Value) | \$ |
| BALANCE: (Amount annual assessment is based upon per G.S. 53-122(1)) | \$ |

| TRUST LIABILITIES | # Accounts | \$ Amount in Thousands |
|------------------------------------|-------------------|-------------------------------|
| Personal Accounts: | | |
| Personal Trusts | | |
| Estates & Guardianships | | |
| Employee Benefit Accounts: | | |
| Trusts | | |
| Agencies | | |
| All Other Agencies: | | |
| Investment Management & Advisory | | |
| Custodial | | |
| All Other | | |
| Corporate Trusts: | | |
| Bond Trusteeships | | |
| Agencies | | |
| Collective Investment Funds: | Funds (Number) | |
| Internal Accounts: | | |
| Profit Accounts | | |
| Suspense Accounts | | |
| TOTAL FIDUCIARY LIABILITIES | | \$ |

| MEMORANDA (Dollar Amounts in Thousands) | | | |
|--|------|----------------------|--------------|
| Corporate Trusts: | | Outstanding Balance: | |
| Trustee Under Corporate Bond Indentures | | | |
| State, County and Municipal Issues | | | |
| TOTAL | | \$ | |
| Securities of Bank Held to Secure Uninvested Trust Funds: | | | |
| Description | Rate | Maturity | Market Value |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | \$ |

CERTIFICATION:

We, one officer and three directors, certify that this report is correct to the best of our knowledge and belief.

NAME/TITLE

SIGNATURE

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

STATE OF _____, COUNTY OF _____, ss:

Sworn to and subscribed before me this _____ day of _____, in the year _____, and I hereby certify that I am not an officer or director of this bank.

Notary Public

My commission expires _____

(NOTARY SEAL)