



NC Commissioner of Banks
 316 W. Edenton Street, Raleigh, NC 27603
 4309 Mail Service Center, Raleigh, NC 27699-4309
 Telephone: 919/733-3016 Fax: 919/733-6918 Internet: www.nccob.org

APPLICATION FOR AUTHORITY TO ACT AS FIDUCIARY WITHOUT BOND

In accordance with the provisions of N.C.G.S. §53-160, *et. seq.*, _____,
 Name of applicant bank or trust company
 _____, ("Applicant") hereby applies for license to act as Guardian,
 City and State of principal office

Trustee, Assignee, Receiver, Executor or Administrator, in the State of North Carolina for the year ending December 31, 20_____.

Applicant certifies that the amount of its unimpaired capital fund, as defined by N.C.G.S. §53-1(9) is \$_____.

(N.C.G.S. §53-1(9) defines unimpaired capital fund as the total of the amount of unimpaired common stock, preferred stock, and limited life preferred stock, surplus, undivided profits, reserves for contingencies and other capital reserves (excluding accrued dividends on preferred stock and limited life preferred stock), mandatory convertible instruments, allowance for possible loan losses, and the amount of capital debentures or notes, convertible or otherwise, having an average original maturity of at least seven years, which have been specifically designated as part of the bank's unimpaired capital fund by resolution duly adopted by the board of directors of the bank; provided, that upon payment of such capital debentures or notes, or upon accumulation of funds in a sinking fund for amortization of such debentures or notes, unimpaired capital fund shall be reduced by the amount of such payment or accumulation.)

IN WITNESS WHEREOF, this application has been executed by _____,
 Name of Officer

_____, this the ___ day of _____, 20____.
 Officer's Title

Attest _____
 Corporate Secretary

Name and Address of Bank or Trust Company

Phone Number:

Fax Number:

**Submit completed application with a check in the amount of \$200.00 payable to:
 Department of Commerce / Banking Commission**