



**STATE OF MONTANA**  
**DIVISION OF BANKING & FINANCIAL INSTITUTIONS**

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**FIDUCIARY FOREIGN TRUST COMPANY APPLICATION**

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**ENTITY TYPE**

- |  |  |
|--|--|
| <input type="checkbox"/> State-Chartered Bank          | <input type="checkbox"/> Non-Depository Trust Company      |
| <input type="checkbox"/> State-Chartered Trust Company | <input type="checkbox"/> Non-Depository Corporation or LLC |
| <input type="checkbox"/> National Bank                 |  |

**APPLICATION TYPE**

- |   |  |
|---|--|
| <input type="checkbox"/> Exercise Fiduciary Powers in Montana | <input type="checkbox"/> Establish a Principal Office            |
|   | <input type="checkbox"/> Establish a Trust Representative Office |

**ENTITY INFORMATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Chartering/Licensing State: \_\_\_\_\_ Chartering/Licensing Number: \_\_\_\_\_

**PRINCIPAL OR TRUST REPRESENTATIVE OFFICE LOCATION IN MONTANA**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If more than one office is requested, please complete an application for each office.  
Provide the names of all persons who will be representing the nonbank trust company at the trust representative office. Attach additional sheets if necessary.

Representative's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby certify that the information provided is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_