

**TENNESSEE DEPARTMENT OF FINANCIAL INSTITUTIONS
 CERTIFICATION OF
 PRIVATE (FAMILY) TRUST COMPANY STATUS**

Name and Address of Proposed Trust Company	
Charter Number:	As of _____, 20____

I, the undersigned Officer do hereby certify that _____
Name of Proposed Trust Company
 _____, Tennessee is:
Street Address City

Applying to operate a private trust company as defined in Tennessee Code Annotated Section 45-2-2001 of the Tennessee Banking Act and, as such, will not transact business with the general public as also defined in Tennessee Code Annotated Section 45-2-2001 of the Tennessee Banking Act.
(Indicate as applicable.)

Signature of Officer Authorized to Certify Application	Date Signed
Name and Title of Officer (Typed or Printed)	Area Code/Phone Number

I, the undersigned director do hereby declare that the above certification is true and correct.

FURTHERMORE, I AGREE to comply with the provisions of the Tennessee Banking Act and its relevant Rules and to obtain written approval by the Tennessee Department of Financial Institutions prior to initiating, soliciting, or transacting any business activity with the general public.

I ACKNOWLEDGE this agreement is entered with, and is continuous unless terminated in writing by the Tennessee Department of Financial Institutions.

 Printed Name of Director

 Signature of Director

State of _____

County of _____

Subscribed and Sworn to (or affirmed) before me this ___ day of _____, 20___ by _____.

 Notary Public

My Commission Expires _____