



**Katie Hobbs, Governor**  
**Barbara Richardson, Executive Deputy Director**

## Trust Company Renewal Application

*License Year: January 1 through December 31*

ANNUAL REPORT OF TRUST ASSETS AND LIABILITIES	
As of December 31, _____	
Assets	Amount
Non-Interest Banking Deposits:	
➤ Own Bank and Affiliated Institutions	
➤ Other Institutions	
Interest Bearing Deposits:	
➤ Own Bank and Affiliated Institutions	
➤ Other Institutions	
U.S. Government and Agency Obligations	
State, County, and Municipal Obligations	
Other Short-term Obligations	
Other Notes and Bonds	
Money market mutual Funds	
All other Mutual Funds	
Stocks	
Collective Investment Funds	
Real Estate Mortgages	
Real Estate	
Miscellaneous Assets	
Suspense Accounts	
Other:	
➤	
➤	
Total Assets	
Overdrafts (shown gross) included above:	
The assets listed above are carried at: (Check all applicable) <input type="checkbox"/> Cost <input type="checkbox"/> Nominal <input type="checkbox"/> Inventory Value <input type="checkbox"/> Tax Value <input type="checkbox"/> Other (Describe)	
I hereby certify that the foregoing is a true statement of the company's assets and liabilities as shown on the company's books. This is an official document; any false information in it may be grounds for prosecution and may be punishable by fine or imprisonment.	
Officer's Name and Title:	Company Name and Location (City & State)
Officer's Signature:	Date:



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## Trust Company Renewal Application

*License Year: January 1 through December 31*

Annual Report of Trust Assets and Liabilities Continued:		
As of December 31,	Amount	Account Number
Personal Accounts:		
Personal Trusts		
Estates and Guardianships		
Employee Benefit Accounts:		
Trusts		
Agencies		
All Other Agencies:		
Investment Management and Advisory		
Custodial		
All Other		
Corporate and Municipal Securities Appointments:		
Bond Trusteeships		
Agencies		
<b>Accountability Subtotal</b>		
	Amount	Fund Number
Collective Investment Funds:		
Employee Benefit		
Other		
	Amount	
Internal Accounts:		
Profile Accounts		
Suspense Accounts		
<b>TOTAL LIABILITIES</b>		
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Officer's Name and Title:	Company Name and Location (City & State)	
Officer's Signature:	Date:	