

**Notice Concerning Fiduciary Relationship
 of Financial Institution**
 (Internal Revenue Code sections 6036 and 6903)

Part I Identification

1 Name of person for whom you are acting (as shown on the tax return)	2 Employer identification number
3 Address of financial institution (number, street, and room or suite no.)	
4 City, state, and ZIP code	5 Telephone no. ()
6 Check the applicable box for the type of financial institution: <input type="checkbox"/> Bank <input type="checkbox"/> Thrift	
7 Check here <input type="checkbox"/> if the financial institution is insolvent.	
8 Enter the ending date of the financial institution's tax year (mo., day, yr.). ▶	
9 Fiduciary's name	10 Contact person
11 Address of fiduciary (number, street, and room or suite no.)	
12 City or town, state, and ZIP code	13 Telephone no. ()
14 Check the applicable box if the fiduciary is a: <input type="checkbox"/> Receiver <input type="checkbox"/> Conservator	
15 Check this box <input type="checkbox"/> if the financial institution is or was a member of a group filing a consolidated return and complete lines 16 to 21 below: Lines 16 through 21 are to be completed only if the financial institution is or was a member of a group filing a consolidated return.	
16 Name of person for whom you are acting (as shown on the tax return)	17 Employer identification number
18 Address of the common parent (number, street, and room or suite no.)	
19 City, state, and ZIP code	
20 Check here <input type="checkbox"/> if a copy of this form has been sent to the common parent of the group.	
21 Enter the tax year(s) that the financial institution is or was a member of the consolidated group ▶	

Part II Authority

22 Evidence of fiduciary authority. Check applicable box(es), and attach copy of applicable orders:

a <input type="checkbox"/> Appointment of conservator	b <input type="checkbox"/> Replacement of conservator
c <input type="checkbox"/> Appointment of receiver	d <input type="checkbox"/> Order of insolvency
e <input type="checkbox"/> Other evidence of creation of fiduciary relationship (describe) ▶	

Part III Tax Notices

23 All notices and other written communications with regard to income, employment, and excise taxes of the financial institution (listed on line 1) will be addressed to the fiduciary. Indicate below if other notices and written communications should be addressed to the fiduciary. Include the type of tax, tax periods or years involved.

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Part IV Revocation or Termination of Notice

Section A—Total Revocation or Termination

24 Evidence of termination or revocation of fiduciary authority (Check applicable box(es)):

a <input type="checkbox"/> Certified copy of court order revoking fiduciary authority attached.
b <input type="checkbox"/> Copy of certificate of dissolution or termination of a business entity attached.
c <input type="checkbox"/> Other evidence of termination of fiduciary relationship (describe) ▶

Please Sign Here

I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.

▶ _____
 Fiduciary's signature Title, if applicable Date