

## **Notice for Surrender of Fiduciary Powers**

### **General Information and Instructions**

#### **Preparation and Use**

This notice is used to effect a transaction under 12 CFR 9.17(a) for national banks or 12 CFR 150.530 for federal savings associations.

All questions must be answered with complete and accurate information that is subject to verification. If the answer is “none,” “not applicable,” or “unknown,” so state. Answers of “unknown” should be explained.

The questions in the notice are not intended to limit the applicant’s presentation nor are the questions intended to duplicate information supplied on another form or in an exhibit. For such information, a cross-reference to the information is acceptable. Any cross-reference must be made to a specific cite or location in the documents, so the information can be found easily. Supporting information for all relevant factors, setting forth the basis for the applicant’s conclusions, should accompany the notice. The regulatory agency may request additional information.

This notice form collects information that the Office of the Comptroller of the Currency (OCC) will need to evaluate a surrender of fiduciary powers notice. The OCC must consider the applicable regulatory requirements, when acting on this notice. For additional information regarding the regulatory requirements, as well as processing procedures and guidelines and any supplemental information that may be required, refer to the OCC’s procedural guidelines in the *Comptroller’s Licensing Manual*. The applicant may contact the OCC directly for specific instruction or visit the OCC’s Web site at [www.occ.gov](http://www.occ.gov).

#### **Notice of Publication**

Generally, public notice under 12 CFR 5.8 does not apply to a surrender of fiduciary powers, unless the OCC determines that the notice presents a significant or novel policy, supervisory, or legal issue where a public notice is considered necessary. A public notice also may be required where a surrender of fiduciary powers notice is accompanied by a second notice that requires a publication notice under 12 CFR 5.8. In this instance, a public notice describing the entire transaction may be necessary to ensure the public has a full understanding of the entire transaction.

If a notice is required, the applicant must publish notice of the proposed surrender of fiduciary powers in a newspaper of general circulation in the community or communities in which the applicant proposes to engage in business. The OCC will provide specific requirements for the notice of publication.

## **Submission**

In addition to an original notice and the appropriate number of signed copies, submit an electronic copy of the information in the notice. For e-mail submissions, contact the OCC for instructions and information about secure transmission of confidential material.

## **Confidentiality**

Any applicant desiring confidential treatment of specific portions of the notice must submit a request in writing with the notice. The request must discuss the justification for the requested treatment. The applicant's reasons for requesting confidentiality should specifically demonstrate the harm (for example, loss of competitive position, invasion of privacy) that would result from public release of information (5 USC 552 or relevant state law). Information for which confidential treatment is requested should be (1) specifically identified in the public portion of the notice (by reference to the confidential section); (2) separately bound; and (3) labeled "Confidential." The applicant should follow the same procedure when requesting confidential treatment for the subsequent filing of supplemental information to the notice. Contact the OCC for any further questions regarding requests for confidential treatment.

## Notice for Surrender of Fiduciary Powers

### Applicant

Name			Charter no.
Current street address			
City	County	State	Zip code

### Parent Company Identifying Information (if applicable)

Name			
Street			
City		State	Zip code

### Contact Person

Name		Title
Employer		
Street		
City	State	Zip code
Telephone no.	Fax no.	E-mail address

#### 1. Overview

- a. Indicate the date on which the board of directors voted to terminate fiduciary services and surrender authority to exercise fiduciary powers.
- b. Indicate the date the final audit of fiduciary activities was completed.
- c. Include the following enclosures as applicable:
  - Certified board of directors' resolution.
  - Certification by the bank that the final fiduciary audit was completed.
  - Certification by the bank that it has complied with all applicable provisions of 12 USC 92a(j) or 12 USC 1464(n).
  - Trust permit (if previously issued), or certification that it has been destroyed.

**OCC CERTIFICATION**

**I certify that the bank’s board of directors, shareholders, or a designated official has authorized the filing of this notice.** I certify that the information contained in this notice has been examined carefully and is true, correct, complete and current as of the date of this submission.

I acknowledge that any misrepresentation or omission of a material fact with respect to this notice, any attachments to it, and any other documents or information provided in connection with this notice may be grounds for the OCC to require cessation of the proposed activity, and may subject the undersigned to legal sanctions, including the criminal sanctions provided for in Title 18 of the United States Code.

I acknowledge that the activities and communications by OCC employees in connection with the filing do not constitute a contract, express or implied, or any other obligation binding upon the OCC, the United States, any agency or entity of the United States, or any officer or employee of the United States, and do not affect the ability of the OCC to exercise its supervisory, regulatory and examination authorities under applicable law and regulations. I further acknowledge that the foregoing may not be waived or modified by any employee or agent of the OCC or the United States.

\_\_\_\_\_  
President or other authorized officer

\_\_\_\_\_  
Typed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer

***(Seal) (Applicable to national banks only)***