

**Oregon Department of Consumer & Business Services
Division of Finance & Corporate Securities**

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
(503) 378-4140 • Fax: (503) 947-7862 • TTY: (503) 378-4100
<http://dfcs.oregon.gov>



**APPLICATION FOR ORDER OF REGISTRATION
Master Trustees
(As required by Oregon Administrative Rules 441-930-0300)**

A registration fee of \$335 must be included with completed application. The initial registration period shall be for a period of one year from the date of application approval.

1. Business name of applicant: _____
DBA name (if applicable): _____
2. Business address: (Post office box number not acceptable)
Street address: _____
City, state, ZIP: _____ County: _____
Business phone: () _____
3. Mailing address, if different from above:
P.O. box or street address: _____
City, state, ZIP: _____ County: _____
4. Provide the following with your application:
 - A. Provide a list of depositories used for funds received under appointment from the certified provider and notification of any changes at the time of the change or before.
 - B. Proof of registration or good standing of the applicant's business name in the state or country under which it is organized.
 - C. Information concerning the applicant's personal background and business.
 - D. A list of all officers, directors, and those who own 10 percent or more of the business and professional or work histories for all executive officers and directors or individuals performing similar duties.
 - E. Financial statements, including a copy of the most-recent audited financial statement (balance sheet, statement of income or loss, statement of changes in shareholder equity, and statement of changes in financial position). Financial statements must be prepared by an independent certified public accountant in accordance with generally accepted accounting procedures. If the audited financial statement is more than six months old, submit an internally prepared statement for the most recent month end. If the applicant is a wholly-owned subsidiary of another corporation, the applicant may submit either the parent corporation's consolidated audited financial statements or the parent corporation's Form 10K reports filed with the United States Securities and Exchange Commission in lieu of the applicant's financial statements. If the corporation's principal place of business is outside the United States, similar documentation filed with the parent corporation's foreign regulator may satisfy this requirement.



For each "YES" answer to Questions 5, 6, and 7, attach details and provide a copy of the allegations. If applicable, also provide official documentation of the final disposition of the case(s).

- 5. Is the applicant or are any of the persons listed herein or any person with power to direct the management or policies of the applicant the subject of a pending criminal prosecution or governmental enforcement action in any jurisdiction? Yes No
- 6. Has the applicant, have any of the persons listed herein, or has any person with power to direct the management or policies of the applicant had a license (or its equivalent) to practice any profession or occupation denied, revoked, suspended, or otherwise acted against? Yes No
- 7. Has the applicant, have any of the persons listed herein, or has any person with power to direct the management or policies of the applicant been convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude? Yes No

If the answer to Question 8 is "YES," attach a statement of the facts and the name and location of the court(s) in which the proceedings were held or are pending.

- 8. Is the applicant or has the applicant ever been the subject of any bankruptcy proceeding or had a judgment filed against it, or is such an action pending? Yes No

The undersigned, being first duly sworn, deposes as follows:

Application is hereby made for an Order of Registration as provided for in OAR 441-930-0300, to engage in business as a master trustee to administer moneys received from a certified provider, who acts independently from any provider, and who is not a certified provider. I hereby affirm that the above information is true and correct and acknowledge that any misstatement may cause the director of the Department of Consumer and Business Services to initiate proceedings against the license.

To be completed by notary:

State of _____ County of _____

Print name of officer, director or agent: _____

Subscribed and sworn before me _____

this _____ day of _____, 20_____.

Signature notary public: _____

My commission expires: _____.

(SEAL)

Title of applicant (Type or print): _____

Signature: _____

Date: _____