

DIVISION OF BANKING

1601 N. Harrison Ave., Suite 1, Pierre, SD

Tel: 605.5773.3421 Fax: 866.326.7504 banking.sd.gov

BIOGRAPHICAL AND FINANCIAL REPORT

Trust Company Name:

Position (check all that apply):

Incorporator/Organizer

Director/Manager

Officer; Title:

Principal Owner

Other:

If identified as an officer or other key employee, please provide the address of the location where the individual will be physically located and providing services pursuant to employment with the trust company:

Address:

City:

State:

Zip:

Personal Information

Name:

Mailing Address:

City:

State:

Zip:

If a residence for less than five years, list addresses and dates occupied for past five years:

Date From	Date To	Address	State	Zip	Country

Date of Birth:

Place of Birth:

Social Security Number:

Phone Number:

Fax Number:

E-Mail Address:

Employment Record

Present occupation or business activity (describe in detail giving name, address, and type of business):

List employment in reverse chronological order for the last five years:

Date From	Date To	Employer Name and Address	Title	Duties	Reason for Leaving

Have you ever been dismissed or asked to resign from any past employment, including a less than honorable discharge from military service?

Yes No If yes, explain fully:

Have you ever been required by a former employer to tender your resignation?

Yes No If yes, explain fully:

Have you ever voluntarily resigned from any past employment to avoid being terminated?

Yes No If yes, explain fully:

Education and Professional Credentials

List each diploma or degree from colleges, universities, or other post-secondary institutions:

School's Name	Location	From	To	Degree

List each professional license or similar certificate you now hold or have held (for example, Attorney, Physician, CPA, CTA, CTFA, etc.):

License	Issuing Authority	Issue Date	Status	Expiration

Past Business Activity

List all ownership interests and extent thereof now held by you or held by you within the past five years in the following:

Any state-chartered bank or trust company?

Yes No

If yes, describe in detail giving name, address, and type of business:

Any other financial institution?

Yes No

If yes, describe in detail giving name, address, and type of business:

Have you ever been affiliated with any proposed domestic, foreign, state, or federal financial institution which did not become operative?

Yes No

If yes, explain extent of interest and nature of affiliation:

Legal and Related Matters

Have you ever been arrested for a felony crime or any crime involving fraud, dishonesty, or breach of trust? Yes No If yes, give a full history of the charge(s), and the year, place, and final disposition thereof:

Have you or a closely held business:

Filed a voluntary petition in bankruptcy?

Yes No

Been involved in a forced liquidation?

Yes No

Been involved in an equitable receivership?

Yes No

Defaulted on a loan or financial obligation of any sort, whether as obligor, cosigner, or guarantor?

Yes No

Forfeited property in full or partial satisfaction of any financial obligation?

Yes No

Do you have now or have you had any unsatisfied judgments or liens against you?

Yes No

Have you or any company with which you are or were associated been involved in any lawsuit, formal or informal investigation, examination, or administrative proceeding that may result in, or resulted in, any penalty, agreement, undertaking, consent, judgment, or order imposed by or entered into with any of the following entities:

Any federal or state court?

Yes No

Any department, agency, or commission of the United States Government?

Yes No

Any state, municipal, or foreign governmental entity?

Yes No

Any self-regulatory organization (for example, FINRA, NASD, FASB, state bar)?

Yes No

If you answered yes to any of the foregoing, give full details thereof, including bankruptcy number, date, place, name of business, final disposition, and any other relevant facts:

Other Information

Are you now serving or have you ever served in the following capacities? If yes, give full details, including circumstances and dates services commenced and terminated. If involuntary resignation, so state and explain:

Trustee: Yes No

If yes, explain fully:

Guardian: Yes No

If yes, explain fully:

Executor: Yes No

If yes, explain fully:

Similar fiduciary capacity: Yes No

If yes, explain fully:

Give the name and address of three individual character references:

Name	Address	Contact Number

Financial Information

Attach a current and comprehensive financial statement.

Certification

I understand that the South Dakota Division of Banking may conduct extensive checks into my background, experience, and related matters in conjunction with my application. I certify that the information contained in the biographical report and attached financial statement and other attachments, has been carefully examined by me and is true, correct, and complete.

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Signature

Date