



**TEXAS DEPARTMENT OF BANKING  
REQUEST LIST FOR  
EXAMINATION OF SMALL TRUST DEPARTMENTS  
(TOTAL FIDUCIARY ASSETS UNDER \$100 MILLION)**

The following is a list of documents that will be used in the examination of your institution. Only those items marked with an **X** are required to meet the planned scope of this examination. Examiners will need either: (1) a *copy* of a requested item for examination work papers; or, (2) *access* to the referenced information sometime during the onsite review, unless otherwise instructed. Requested copies should be available on the first day of the examination. For items to which access is requested, please provide the name and telephone extension of an employee who may be contacted for access. **Please provide a copy of this list identifying contacts.** Optional forms have been attached to the request schedule to facilitate transmittal of certain information. However, in all cases, if your institution has the requested information available in another format, examiners will use the internally generated document as long as the information can be readily verified and converted to the examination format.

The following dates are relevant for the purposes of this request:

<b>Examination Commencement Date:</b>	<b>(ECD)</b>	(Date)
<b>Account Trial Balance Date:</b>	<b>(ATB)</b>	(Date)
<b>Financial Information Date:</b>	<b>(FID)</b>	(Date)
<b>Last Examination Date:</b>	<b>(LED)</b>	(Date)

<b>#15- SMALL TRUST DEPARTMENTS (FIDUCIARY ASSETS OF LESS THAN \$100 MILLION)</b>				
<b>X</b>	<b>ITEM</b>	<b>AS OF</b>	<b>COPY OR ACCESS</b>	<b>CONTACT PERSON</b>
<b>X</b>	<b>15-A.</b> Detailed general ledger and income statement.	FID	Copy	
<b>X</b>	<b>15-B.</b> Officer's Questionnaire (Form attached)	FID	Signed Original	
<b>X</b>	<b>15-C.</b> All policy and procedures manuals, disaster recovery plan, and strategic plan.	Most Recent	Copy of Strategic Plan / Access for Others	

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<b>X</b>	<b>ITEM</b>	<b>AS OF</b>	<b>COPY OR ACCESS</b>	<b>CONTACT PERSON</b>
<b>X</b>	<b>15-D.</b> Shareholders' minutes.	Since LED	Copy	
<b>X</b>	<b>15-E.</b> List of members of the Board of Directors ( <b>Form #15-E</b> )	Most Recent	Copy	
<b>X</b>	<b>15-F.</b> List of Executive officers ( <b>Form #15-F</b> )	ECD	Copy	
<b>X</b>	<b>15-G.</b> List of trust committee members ( <b>Form # 15-G</b> )	ECD	Copy	
<b>X</b>	<b>15-H.</b> Board of Directors' minutes	Since LED	Copy	
<b>X</b>	<b>15-I.</b> Board meeting packet	Most Recent	Copy	
<b>X</b>	<b>15-J.</b> Trust Committee minutes and all other trust function-type committees. (Do not include attachments.)	Since LED	Copy	
<b>X</b>	<b>15-K.</b> External and/or Internal Fiduciary Audit, management letter and engagement letter.	Most Recent	Copy	
<b>X</b>	<b>15-L.</b> Reconcilements for the trust company's demand deposit account and/or operating accounts for fiduciary activities.	Last 3 Months	Access	
<b>X</b>	<b>15-M.</b> Provide a confirmation from each institution holding assets and a reconcilement of the confirmations to total fiduciary assets. (Utilize either location code report for unit reconciliation or the master asset listing for the reconciliation of book value or cost.)	ATB	Copy	
<b>X</b>	<b>15-N.</b> List of all suspense accounts and reconciliation of each.	ATB	Copy	
<b>X</b>	<b>15-O.</b> List of large cash balances and overdrafts. (The list should include the name, account number, amount, and date of occurrence.)	ATB	Copy	
<b>X</b>	<b>15-P.</b> Budget for current fiscal year	ECD	Copy	

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<b>X</b>	<b>ITEM</b>	<b>AS OF</b>	<b>COPY OR ACCESS</b>	<b>CONTACT PERSON</b>
<b>X</b>	<b>15-Q.</b> Prior year-end and current year-to-date detailed income/expense statement compared to budget	ECD	Copy	
<b>X</b>	<b>15-R.</b> List of securities/equities approved for purchase, retention, and/or sale. ( <b>Approved Buy/Sell List</b> ).	ECD	Copy	
<b>X</b>	<b>15-S.</b> List of corporate insurance policies including Trust Errors & Omissions, Financial Institutions Bond and any other Fiduciary coverage.	ECD	Access	
<b>X</b>	<p><b>15-T.</b> Order an “Audit Package” from your data processor which contains the following fiduciary reports at a minimum:</p> <p>(a) Trial balance by account type with totals for each type and overall totals at the end (e.g., personal, employee benefit, corporate, etc. The list should include the name, account number, income cash, principal cash, and total investments per account.)</p> <p>(b) Master property list, including name of asset, number of par/share units held, book value and market value with totals for each asset type and overall totals at the end [broken down by type of asset (cash, U. S. Gov't, municipals, equities, closely-held, real estate, oil and gas, unique, etc.) is preferred].</p> <p>(c) Holder's list of each asset. (The list should be in the same order and include the same assets and same information as the master property list).</p>	ATB	Copy	

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<b>X</b>	<b>ITEM</b>	<b>AS OF</b>	<b>COPY OR ACCESS</b>	<b>CONTACT PERSON</b>
	(d) Account holdings by asset including account number, name, type of assets, listing of assets, number of par/share/units, book value and market value with totals. (Security Cross-Reference including unique assets or Portfolio listing).			

**TEXAS DEPARTMENT OF BANKING  
TRUST EXAMINATION REQUEST LIST**

**Form#15-E  
Directors**

<b>Name Address City, State, Zip</b>	<b>Year of Birth</b>	<b>Net Worth (000's) (as/of)</b>	<b>Position &amp; Principal Business Affiliations</b>	<b>Year Elected to Board</b>	<b># of Shares Owned</b>	<b>Board Fees/ Benefits</b>

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**Form#15-F  
Executive Officers**

Name & Title / Time Devoted (% of week)	Date of Birth	Area of Responsibility	Year Joined Trust	Years in Current Position	Compensation Salary (S) Bonus (B) Other Benefits
<b>TOTAL NUMBER OF OFFICERS LISTED ABOVE:</b>		<b>SUBTOTAL OF SALARIES FOR OFFICERS LISTED ABOVE:</b>	\$		
<b>TOTAL OTHER STAFF EMPLOYEES &amp; JR. OFFICERS:</b>		<b>SUBTOTAL OF SALARIES FOR OTHER STAFF EMPLOYEES:</b>	\$		
<b>TOTAL SALARIES</b>			\$		

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**Form #15-G  
Trust Committees**

<b>Name of Committee</b> <hr style="width: 80%; margin: 5px auto;"/>	<b>Principal Function of the Committee:</b>		<b>No. of Meetings Since Last Examination</b> _____ <b>No. of Members</b> _____
<b>Names of Committee Members</b>	<b>Birth Year</b>	<b>Salary/Meeting Attendance Fee</b>	<b>Principal Business Interest(s)</b>