

**TRUST COMPANY  
WORKSHEET TO DETERMINE ELIGIBILITY**

*Refer to 7 TAC §21.1*

Name of Trust Company: \_\_\_\_\_

Home Office Location \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City) (County) (State) (Zip Code)

Person Completing Worksheet:

\_\_\_\_\_  
(Name) (Title)

1. Current Capital Stock	\$ _____
Surplus	\$ _____
Other Capital Segregations	\$ _____
Total Capital	\$ _____

*If total restricted capital is less than \$1,000,000, demonstrate that the Commissioner has approved in writing a lesser amount. Attach separate sheet if necessary.*

2. When was the last examination of the trust company conducted? \_\_\_\_\_

The examination was conducted by:  DOB  Federal Reserve

Was the corporate composite rating a 1 or 2?  Yes  No

3. Is the company currently operating under any regulatory conditions or commitments imposed by a state or federal regulator agency?

Yes  No

*If yes, attach a separate sheet listing all regulatory conditions and commitments.*

Is the trust company operating in violation of any of these commitments or conditions?

Yes  No

4. Is the trust company operating under any of the following?

Memorandum of understanding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Determination letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other notice of determination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Order to cease and desist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other state or federal administrative enforcement order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No