TEXAS DEPARTMENT OF BANKING
EXEMPT (FAMILY) TRUST COMPANY
2019 CERTIFICATION OF EXEMPT STATUS

Name of Authorized Officer to Certify Status Legal Name of Trust Company Street Address City State Zip Code	
Charter Number:	For the Period January 1 through December 31, 2019

I, the undersigned Officer do hereby certify that _____
Legal Name of Trust Company
_____, _____, Texas is:
Street Address City

☐ Active or ☐ Inactive **AND** ☐ does not transact business with the general public as defined in Section 182.011 of the Texas Finance Code.

(Indicate as applicable.)

Signature of Officer Authorized to Certify Status	Date Signed
Name and Title of Officer	Area Code/Phone Number

WE, the undersigned directors do hereby declare that the above certification is true and correct.

FURTHERMORE, WE AGREE to comply with the provisions of the Texas Finance Code and the Texas Administrative Code, and obtain written approval by the Texas Department of Banking prior to initiating, soliciting, or transacting any business activity with the general public.

WE ACKNOWLEDGE this agreement is entered with, and is continuous unless terminated in writing by the Texas Department of Banking.

Signature of Director	Signature of Director	Signature of Director
Name of Director *(Printed or Typed)*	Name of Director *(Printed or Typed)*	Name of Director *(Printed or Typed)*

This form must be completed and be returned no later than April 30, 2020, to:

Texas Department of Banking
2601 North Lamar
Austin, Texas 78705-4294