

**WRITTEN NOTICE**  
**To Qualify as a**  
**Qualified Limited Service Affiliate**  
**in the State of Florida**

Form OFR-U-135

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**General Instructions**

A proposed qualified limited service affiliate may seek qualification as a qualified limited service affiliate in the State of Florida by completing this written notice form and providing all information and exhibits. The proposed qualified limited service affiliate may provide additional information in the form of exhibits when attempting to satisfy any of the qualification requirements. All information that the proposed qualified limited service affiliate desires to present to support the written notice must be submitted with the notice. If additional space is needed to complete any information required by this form, attach additional pages and identify the question to which the additional pages pertain.

This written notice will not be deemed complete until the proposed qualified limited service affiliate has provided the OFR with all information required.

Upon the filing of a completed Form OFR-U-135, the OFR shall make an investigation of the character, reputation, business experience, and business qualifications of the proposed qualified limited service affiliate's proposed directors, executive officers, principal shareholder, managers, managing members, or equivalent positions. The OFR shall approve the qualification only if it has determined that such persons are qualified by reason of their ability, reputation, and integrity and have sufficient experience to manage and direct the affairs of the qualified limited service affiliate in a lawful manner and in accordance with the requirements for obtaining and maintaining a qualification under Section 663.532, Florida Statutes.

WRITTEN NOTICE

Director, Division of Financial Institutions  
Office of Financial Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0371

Re: Written notice to qualify as a Qualified Limited Service Affiliate in the State of Florida

Dear Director \_\_\_\_\_:

\_\_\_\_\_, whose  
(Proposed Qualified Limited Service Affiliate)

proposed address is \_\_\_\_\_, is duly

incorporated or organized under the laws of, and is authorized to conduct business in

\_\_\_\_\_. An authentic copy of its articles  
(State, Country)

of incorporation or articles of organization, or the equivalent, accompany and are made a part of

this written notice. \_\_\_\_\_ hereby seeks qualification to  
(Proposed Qualified Limited Service Affiliate)

operate a qualified limited service affiliate in the State of Florida for the purpose of engaging in such

activities as are permitted by law.

1. The legal name of the proposed qualified limited service affiliate is:

\_\_\_\_\_.

2. The intended physical address where the proposed qualified limited service affiliate will conduct  
business is:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Post Office Address)

\_\_\_\_\_  
(City) (County) Florida, (Zip Code)

3. The mailing address of the proposed qualified limited service affiliate, if different from the above, is:

\_\_\_\_\_  
(Street Address) (Post Office Address)

\_\_\_\_\_  
(City) (County) Florida, (Zip Code)

4. Authentic copies of the proposed qualified limited service affiliate's articles of incorporation, articles of organization, and by-laws, or equivalent thereof, are enclosed.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Proposed Qualified Limited Service Affiliate)

By: \_\_\_\_\_

Title: \_\_\_\_\_

ACKNOWLEDGMENT

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me personally came  
\_\_\_\_\_, who is  to me personally known,  
or who  produced \_\_\_\_\_ as identification, and who acknowledged before me that  
he/she is the \_\_\_\_\_ of  
\_\_\_\_\_, the proposed  
qualified limited service affiliate described herein and which executed the foregoing certificate and that he/she  
signed his/her name hereto by like order.

(L.S)

\_\_\_\_\_  
(Signature of Notary Public or other official taking  
acknowledgment)

\_\_\_\_\_  
(Title of official taking acknowledgment)

Note: This acknowledgment may be taken within the State of Florida or within any other state of the United States by a notary public. In countries other than the United States, this acknowledgment may be taken by certificate of apostille pursuant to the Convention Abolishing the Requirement of Legalization for Foreign Public Documents (The Hague, October 5, 1961) or by an ambassador, a minister plenipotentiary, a minister extraordinary, a minister resident, a charge d'affairs, a consul-general, a vice consul-general, a deputy consul-general, a consul, a vice-consul, a deputy-consul, a consular agent, a vice consular agent, a commercial agent or a vice-commercial agent of the United States within their jurisdiction. The seal of their office or the seal of the office to which they are attached should be affixed.

REQUIRED INFORMATION AND ATTACHMENTS  
Form OFR-U-135

1. Provide the name, address, email address, and telephone number of the contact person or correspondent for this notice.
2. Provide a copy of a Certificate of Authorization from the Florida Department of State.
3. Provide a brief biography of each of the proposed qualified limited service affiliate’s directors, executive officers, managers, managing members, or those in equivalent positions. For each, provide, as Attachment 3(a), the information in the biographical portion of this notice.
4. Provide the number of officers and employees of the proposed qualified limited service affiliate.
5. Provide a detailed list and description of the services and activities to be conducted by the proposed qualified limited service affiliate. For each service and activity, please provide an explanation of how that service or activity will serve the business purpose of each international trust entity that the service or activity is meant to benefit.
6. Please provide an explanation of how the services and activities of the proposed qualified limited service affiliate are distinguishable from those of the permissible activities of an international trust company representative office described under Section 663.409, Florida Statutes.
7. For each international trust entity that the proposed qualified limited service affiliate will provide services for in this state, please provide the following:
  - a. The name of the international trust entity;
  - b. A list of the current officers and directors (or equivalents) of the international trust entity;
  - c. A list of each country where the international trust entity is organized or authorized to do business;
  - d. The name of the home country regulator<sup>1</sup>;
  - e. Proof that the international trust entity has been authorized by charter, license, or similar authorization by its home-country regulator to engage in trust business;
  - f. Proof that the international trust entity lawfully exists and is in good standing under the laws of the jurisdiction where it is chartered, licensed, or organized;
  - g. A statement that the international trust entity is not in bankruptcy, conservatorship, receivership, liquidation, or in a similar status under the laws of any country;
  - h. Proof that the international trust entity is not currently operating under the direct control of the government or the regulatory or supervisory authority of the jurisdiction of its incorporation through government intervention or any other extraordinary actions, and confirmation that it has not been in such a status or under such control at any time within the three years prior to filing this application;
  - i. Proof and confirmation that the proposed qualified limited service affiliate is affiliated with the international trust entity;

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<sup>1</sup> As used in the Form OFR-U-135, “home country regulator” means the supervisory authority or equivalent or other similarly sanctioned body, organization, governmental entity, or recognized authority, which has similar responsibilities in a foreign country in which and by whom an international trust entity is licensed, chartered, or has similar authorization to organize and operate.

- j. Proof that the jurisdiction(s) where the international trust entity or its offices, subsidiaries, or any affiliates that are directly involved in or that facilitate the financial services functions, banking, or fiduciary activities of the international trust entity are not listed on the Financial Action Task Force Public Statement or on its list of jurisdictions with deficiencies in anti-money laundering or counterterrorism; and
  - k. A declaration under penalty of perjury, as Attachment 7(j), signed by an executive officer, manager, or managing member of each international trust entity affiliated with the proposed qualified limited service affiliate, declaring that the information provided to the OFR through this written notice is true and correct to the best of his or her knowledge.
8. List any occasion within the 10 year period preceding the date of this written notice in which any director, executive officer, principal shareholder, manager, managing member, or any person holding an equivalent position at the proposed qualified limited service affiliate was arrested for, charged with, or convicted of, regardless of adjudication, any offense that is punishable by imprisonment for a term exceeding one year, or to any offense that involves money laundering, currency transaction reporting, tax evasion, facilitating or furthering terrorism, fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, dishonesty, breach of trust, breach of fiduciary duty, or moral turpitude, or that is otherwise related to the operation of a financial institution.
  9. List any occasion within the 10 year period preceding the date of this written notice in which any director, executive officer, principal shareholder, manager, managing member, or any person holding an equivalent position at the proposed qualified limited service affiliate was fined or sanctioned as a result of a complaint to the Florida Office of Financial Regulation or any other state or federal regulatory agency.
  10. List any occasion within the 10 year period preceding the date of this written notice in which any director, executive officer, principal shareholder, manager, managing member, or any person holding an equivalent position at the proposed qualified limited service affiliate was ordered to pay a fine or penalty in a proceeding initiated by a federal, state, foreign, or local law enforcement agency or an international agency related to money laundering, currency transaction reporting, tax evasion, facilitating or furthering terrorism, fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, dishonesty, breach of trust, breach of fiduciary duty, or moral turpitude, or that is otherwise related to the operation of a financial institution.
  11. Provide a completed declaration under penalty of perjury, as attachment 11(a), signed by the executive officer, manager, or managing member of the proposed qualified limited service affiliate.

## **Attachment 3(a) to Form OFR-U-135**

### **BIOGRAPHICAL INFORMATION**

This section of Form OFR-U-135 must be completed by the proposed qualified limited service affiliate for each director, executive officer, manager, managing member, or person who holds an equivalent position (Subject) with the proposed qualified limited service affiliate.

If additional space is needed to complete the information required, attach additional pages and identify the question to which the additional pages pertain.

#### **Preparation**

All questions must be answered with complete and accurate information that is subject to verification. If the answer is “none,” “not applicable,” or “unknown,” so state. Answers of “unknown” or “yes” should be explained.

The questions are not intended to limit the presentation nor are the questions intended to duplicate information supplied on another form or in an exhibit. A cross-reference to the information is acceptable. Any cross-reference must be made to a specific cite or location in the documents, so the information can be located easily. Use additional sheets as necessary. If the report is not complete, the OFR may either request additional information or return the filing. If the Subject is a foreign national or a United States citizen who currently resides in a foreign country, additional information may be necessary. You must report promptly any material change to the information provided in the Biographical Report that occurs during the review period for the filing.

#### **Notice Regarding Collection and Use of Social Security Numbers**

In accordance with Section 119.071(5)(a)2.a. and b., F.S., the OFR provides the following notice to applicants regarding the OFR’s collection and use of social security numbers.

The OFR’s collection of social security numbers is not expressly authorized by or mandatory under federal or state law, but it is imperative for the performance of the OFR’s duties and responsibilities as prescribed by Section 663.532, F.S.

Social security numbers collected by the OFR may not be used by the OFR for any purpose other than the purpose provided in this notice.

Social security numbers held by the OFR are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This exemption does not supersede any federal law prohibiting the release of social security numbers or any other applicable public records exemption for social security numbers existing prior to May 13, 2002, or created thereafter.

Social security numbers held by the OFR may be disclosed if any of the following apply:

- a. The disclosure of the social security number is expressly required by federal or state law or a court order.
- b. The disclosure of the social security number is necessary for the receiving agency or governmental entity to perform its duties and responsibilities.
- c. The individual expressly consents in writing to the disclosure of his or her social security number.
- d. The disclosure of the social security number is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224.
- e. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver’s Privacy Protection Act of 1994, 18 U.S.C. ss. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. ss. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. ss. 6801 et seq., provided that the authorized commercial entity complies with the requirements of this paragraph.
- f. The disclosure of the social security number is for the purpose of the administration of health benefits for an agency employee or his or her dependents.
- g. The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the agency employee’s retirement fund, deferred compensation plan, or defined contribution plan.

h. The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.

**1. Personal Information.**

(a) Name:

\_\_\_\_\_

Last

First

Middle

(b) Residence: \_\_\_\_\_

(Street Address)

\_\_\_\_\_

(City)

(State)

(Postal Code)

(Country)

(c) If at residence less than five years, list addresses and dates occupied for the past five years.

Date from   Date to   Number and Street   State   Zip Code   Country



(d) Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

(e) Place of Birth: \_\_\_\_\_  
(City) (State) (Country)

(f) United States Social Security Number:\* \_\_\_\_\_  
*\*Please see the notice regarding the OFR's collection and use of social security numbers.*

(g) Citizenship: \_\_\_\_\_  
(Country) (Date, if Naturalized)

(h) If the Subject is not a United States citizen, provide:

Passport Number: \_\_\_\_\_

Home Country Identification Number: \_\_\_\_\_

Immigration File Number: \_\_\_\_\_

(i) Telephone and fax numbers where the Subject may be reached during business hours and an e-mail address:

\_\_\_\_\_  
(Area Code, Telephone Number, including Country Code if outside U.S.)

\_\_\_\_\_  
(Fax Number) (E-mail Address)

(j) List other names the Subject has used and the period of time he/she used them (for example, maiden name, name by a former marriage, former name, alias, or nickname). Attach additional sheets as necessary.

Name	From MM/YY	To MM/YY

**2. Employment History**

(a) Starting with the Subject’s current employment, provide a complete employment history for the past five years without gaps. Account for all time, whether paid or unpaid. Include full and part-time employment, self-employment, military service, and homemaking. Also, include periods of unemployment, retirement, as a full-time student, and extended travel. Attach additional sheets as necessary.

From mm/yyyy	To mm/yyyy	Employer (company name and address)	Type or nature of the employer’s business or activities	Title/Position and Nature of the Subject’s duties or responsibilities	Reason for leaving

(b) Has the Subject, within the last 10 years, ever been dismissed or asked to resign from any past employment, including a less than honorable discharge from military service?

Yes       No

If “yes,” provide the employer’s name, address, and telephone number; title or position; date of discharge; and explanation.

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**3. Education and Professional Credentials**

(a) List each diploma or degree from high schools, colleges, universities, postgraduate, or other schools.

School Name and Address	From MM/YY	To MM/YY	Degree

(b) List each professional license or similar certificate the Subject now holds or has held (for example, attorney, physician, CPA, NASD or SEC registration).

License Type/Number	Issuing Authority	Status (active, expired, revoked)	Date Issued MM/YY	Expiration MM/YY

**4. Business Affiliations**

(a) List the educational, management, board, supervisory, or other experience the Subject has had that demonstrates the Subject has the ability, experience, reputation, and integrity to manage and direct the affairs of the proposed qualified limited service affiliate in a lawful manner and in accordance with the requirements for obtaining and maintaining a qualification under Part IV of Chapter 663, Florida Statutes.

## 5. Legal and Related Matters

- (a) Has the Subject been involved in any of the following filings where the filing was denied, disapproved, withdrawn, or otherwise returned without favorable action by a federal or state regulatory authority or a self-regulatory organization, in which the reason for the denial, disapproval, withdrawal, or lack of favorable action involved the character, integrity, lack of qualification, or conduct of the Subject:
- (1) A charter or license application, a financial institution holding company application, or a federal deposit insurance application, in which the Subject was listed as an organizer, director, senior executive officer, or a person that would own or control (either individually or as a member of a group) 10 percent or more of any class of voting securities or other voting equity interest of the institution, or similar position?
- Yes             No
- (2) A merger application in which the Subject was listed as a director, senior executive officer, or similar position?
- Yes             No
- (3) A notice of change in director or senior executive officer, or similar form, in which the Subject was listed as a director, senior executive officer, or similar position?
- Yes             No
- (4) A notice of change in control for a depository institution or other company, or a similar form, in which the Subject was listed (either individually or as a member of a group) as an acquirer or transferee?
- Yes             No
- (5) Any other application, notice, or other regulatory or administrative request which was filed with a federal or state regulatory authority or a self-regulatory organization in which the Subject was listed in some capacity?
- Yes             No
- (b) Has the Subject or any company, financial institution, or financial institution holding company with which the Subject is or was associated as a director, an executive officer, a principal shareholder, a manager, a managing member, or an equivalent position been subject to any supervisory agreement, enforcement action, civil money penalty, prohibition or removal order, or other supervisory or administrative action taken or imposed by any federal or state regulatory authority or other governmental entity, due to the conduct of the Subject?
- Yes             No

(c) If you answer “yes” to any question in 5(a) or 5(b), provide your explanation by identifying the number of the question, describing the situation in detail, and, where relevant, including the following information. Attach additional sheets as necessary.

- Name and location of any company, party, court, regulatory agency, or self-regulatory organization involved.
- Nature of the Subject’s association with any company (for example, officer, director, organizer, principal shareholder, or owner).
- Type of any application, notice, or other regulatory or administrative request.
- Nature of any supervisory, enforcement, or administrative action.
- Date of any relevant event.
- Nature of any lawsuit, charge, or proceeding.
- Jurisdiction in which any legal proceeding occurred.
- Resolution or disposition of the matter.

## **6. Additional Information**

Present any other information you believe is important to evaluate your filing.

**CERTIFICATION**

I hereby affirm that the foregoing biographical information and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_ (name), who \_\_\_ is personally known to me or \_\_\_ proved to me through the following identification:

\_\_\_\_\_ to be the person who signed the preceding document in my presence and who affirmed to me that the statement and contents of the document are truthful and accurate to the best of \_\_\_ his or \_\_\_\_\_her knowledge and belief.

\_\_\_\_\_  
Signature of Notary Public or other official taking the acknowledgment

L.S./  
Notary Seal:

Note: This acknowledgment may be taken within the State of Florida or within any other state of the United States by a notary public. In countries other than the United States, this acknowledgment may be taken by certificate of apostille pursuant to the Convention Abolishing the Requirement of Legalization for Foreign Public Documents (The Hague, October 5, 1961) or by an ambassador, a minister plenipotentiary, a minister extraordinary, a minister resident, a charge d'affairs, a consul-general, a vice consul-general, a deputy consul-general, a consul, a vice-consul, a deputy-consul, a consular agent, a vice consular agent, a commercial agent or a vice-commercial agent of the United States within their jurisdiction. The seal of their office or the seal of the office to which they are attached should be affixed.

**Attachment 7(j) to Form OFR-U-135**  
**DECLARATION OF AFFILIATED INTERNATIONAL TRUST ENTITY**

Pursuant to Section 663.532(1)(k), Florida Statutes, this declaration must be completed by an executive officer, manager, or managing member of each international trust entity affiliated with a proposed qualified limited service affiliate.

The undersigned hereby declares under penalty of perjury that to the best of their knowledge, the information provided to this office regarding this International Trust Entity is true and correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of International Trust Entity: \_\_\_\_\_

Home Jurisdiction of International Trust Entity: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_ (name),

who \_\_\_ is personally known to me or \_\_\_ proved to me through the following identification:

\_\_\_\_\_ to be the person who signed the preceding document in my presence and who affirmed to me that the statement and contents of the document are truthful and accurate to the best of \_\_\_ his or \_\_\_ her knowledge and belief.

\_\_\_\_\_  
Signature of Notary Public or other official taking the acknowledgment

L.S./  
Notary Seal:

Note: This acknowledgment may be taken within the State of Florida or within any other state of the United States by a notary public. In countries other than the United States, this acknowledgment may be taken by certificate of apostille pursuant to the Convention Abolishing the Requirement of Legalization for Foreign Public Documents (The Hague, October 5, 1961) or by an ambassador, a minister plenipotentiary, a minister extraordinary, a minister resident, a charge d'affairs, a consul-general, a vice consul-general, a deputy consul-general, a consul, a vice-consul, a deputy-consul, a consular agent, a vice consular agent, a commercial agent or a vice-commercial agent of the United States within their jurisdiction. The seal of their office or the seal of the office to which they are attached should be affixed.



**Attachment 11(a) to Form OFR-U-135**  
**DECLARATION OF EXECUTIVE OFFICER, MANAGER, OR MANAGING MEMBER**

Pursuant to Section 663.532(1)(i), Florida Statutes, this declaration must be completed by an executive officer, manager, or managing member of the proposed qualified limited service affiliate.

The undersigned hereby declares under penalty of perjury that to the best of their knowledge, that the following statements are true and correct:

- 1) No employee, representative, or agent of \_\_\_\_\_, the proposed qualified limited service affiliate that is the subject of the attached written notice, provides, or will provide, banking services; promotes or sells, or will promote or sell, investments; or accepts, or will accept, custody of assets.
- 2) No employee, representative, or agent of \_\_\_\_\_, the proposed qualified limited service affiliate that is the subject of the attached written notice, acts, or will act, as a fiduciary in this state, which includes, but is not limited to, accepting the fiduciary appointment, executing the fiduciary documents that create the fiduciary relationship, or making discretionary decisions regarding the investment or distribution of fiduciary accounts.
- 3) The jurisdiction of each international trust entity listed in response to Question 7 of the OFR-U-135 served by \_\_\_\_\_, the proposed qualified limited service affiliate that is the subject of the attached written notice, and the jurisdictions of any offices, subsidiaries, or affiliates of each such international trust entity that are directly involved in or facilitate the activities of that international trust entity, are not listed on the Financial Action Task Force Public Statement or on its list of jurisdictions with deficiencies in anti-money laundering or counterterrorism.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title at Proposed Qualified Limited Service Affiliate: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_ (name),

who \_\_\_ is personally known to me or \_\_\_ proved to me through the following identification:

\_\_\_\_\_ to be the person who signed the preceding document in my presence and who affirmed to me that the statement and contents of the document are truthful and accurate to the best of \_\_\_ his or \_\_\_ her knowledge and belief.

\_\_\_\_\_  
Signature of Notary Public or other official taking the acknowledgment

L.S./  
Notary Seal: