



**QUARTERLY TRUST OFFICER'S QUESTIONNAIRE**  
 NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS  
 BANKING AND TRUST COMPANIES DIVISION  
 SFN 60238 (6-2024)

1200 Memorial Hwy  
 Bismarck ND 58504  
 Telephone (701) 328-9933  
 Fax Number (701) 328-0290  
 Email: [dfi@nd.gov](mailto:dfi@nd.gov)

For the Quarter Ending

**NOTE: Each request for information requires a detailed answer unless otherwise noted. Signed supporting schedules must be attached where space provided is inadequate. If any request is not applicable, insert the word "None". All responses, including attachments, may be submitted electronically.**

1. Details of all pending lawsuits or claims asserted for or against the trust company/trust department and not previously reported. Send copies of claim documents and any legal pleadings that have not been previously forwarded to the Department.

Name(s) of Claimant(s)	Related File Number(s)
Date of Claim (when the claim was first asserted, approximate date is sufficient)	Amount of Claim

2. Details of all lawsuits or claims settled during the quarter

Name(s) of Claimant(s)	Related File Number(s)
Brief details of the settlement including amount paid by the trust company/trust department	

3. Details of Trust Company/Trust Department

Briefly describe any changes to the trust company/trust department's standard business model or new products/services introduced during the quarter and any planned changes to the trust company/trust department's standard business model or new products/services to be introduced during the next quarter.

4. Details of Management Personnel

Provide details of management personnel changes during the quarter, including names and positions

5. Details of External Audits

Provide copies of external audits completed during the quarter, together with management's written response; and provide details of any external audits to be conducted during the next quarter.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Name of Trust Company/Trust Department	
Name of Officer	Title of Officer