

Commencement of Fiduciary Activities Notice

Date

Director for District Licensing
Comptroller of the Currency
Street Address
City, State, ZIP Code

Re: Fiduciary Powers Request, CAIS Control Number

Dear Director:

Per the approval (*conditional*) approval granted to us on (*date*), we commenced fiduciary activities on (*date*). This information is provided to complete your records.

Sincerely,

—Signature—

Name and Title