



State of New Hampshire Banking Department

53 Regional Drive, Suite 200
Concord, New Hampshire 03301

Telephone: (603) 271-3561
FAX: (603) 271-1090 or (603) 271-0750

INITIAL
Notification of 314(a) Point of Contact Information
By a Trust Company

Complete all information requested on your company letterhead, signed by an authorized company official, and forward to:

**New Hampshire Banking Department
Attn: 314(a) Compliance
53 Regional Drive, Suite 200
Concord, New Hampshire 03301**

Financial Institution Name: _____

Business Address: _____

Certificate Number: _____ **TAX ID #:** _____
(If Known) (Required)

Point of Contact # 1: _____
(Complete Name)

(Title/Position)

Street Address: _____

Mailing Address: _____

(If different) _____

E-mail Address: _____

Telephone Number: ____ (____) _____

Facsimile Number: ____ (____) _____



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Point of Contact # 2:

(Complete Name)

(Title/Position)

Street Address:

Mailing Address:

(If different)

E-mail Address:

Telephone Number:

____ (____) _____

Facsimile Number:

____ (____) _____

The foregoing individual(s) has/have been appointed and authorized as point of contact for the Part 314(a) notification process via FinCEN on behalf of this institution. These authorizations shall remain in place until changed by this institution, at which time a notification letter of change must be promptly delivered to the State of New Hampshire Banking Department.

Signed: _____ **Date:** _____
(Original Signature Required)

Officer Name

Officer Title

NOTE: *The 314(a) Point of Contact information MUST be included on the institution's next Quarterly Call Report.*