

# Statutory Trust Instructions



Wyoming Secretary of State

Herschler Building East, Suite 101 ♦ 122 W 25th Street ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

## Before Filing Please Note

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- Filing fee of \$150.00.** Make check or money order payable to Wyoming Secretary of State.
- Under the circumstance specified in W.S. 17-28-104(e), **an email address is required.**
- An annual report will be due on or before January 2 each year.** If not paid within thirty (30) days from the due date the entity will become delinquent, increasing the fee to \$200. If not filed by April 1, the entity will be subject to dissolution/revocation.
- Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**



**You're Ready to Mail in Your Documents!**

- ♦ **Processing time is up to 15 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wyo.gov> to see what day is currently being processed.

## Additional Contact Information

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- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
  - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
  - <https://www.irs.gov/Filing>



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For Office Use Only

## Foreign Statutory Trust Application for Certificate of Authority

Pursuant to W.S. 17-16-1503 the undersigned statutory trust company hereby applies for a Certificate of Authority to transact business in the state of Wyoming.

1. Name of Statutory Trust:

2. Organized under the laws of:

*(State or country)*

3. Date of organization:

*(mm/dd/yyyy)*

4. Period of duration:

*(This is referring to the length of time the statutory trust intends to exist and not the length of time it has been in existence. The most common term used is "perpetual.")*

5. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

6. Mailing address of the statutory trust company:

7. Principal office address:

8. Names and business addresses of the current trustees:

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

9. The statutory trust company accepts the constitution of the state of Wyoming in compliance with the requirement of Article 10, Section 5 of the Wyoming Constitution.

10. For name availability purposes list the type of business the statutory trust company will be conducting:

11. Certification. *(Please check the box to complete the required certification.)*

I consent on behalf of the business entity to accept electronic service of process at the required email address provided on the form under the circumstances specified in W.S. 17-28-104(e).

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

Date:

*(mm/dd/yyyy)*

Print Name:

Contact Person:

Daytime Phone Number:

Email:

*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*

**REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING**

The completed application must be accompanied by an **original certificate of existence/good standing**, dated not more than sixty (60) days prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of formation.

**Note:**

**An annual report will be due on or before January 2 each year.** If not paid within thirty (30) days from the due date the entity will become delinquent, increasing the annual report fee to \$200. If not filed by April 1, the entity will be subject to dissolution/revocation.



## Consent to Appointment by Registered Agent

I, \_\_\_\_\_, registered office located at  
*(name of registered agent)*

voluntarily consent to serve

*\*(registered office physical address, city, state, & zip)*

as the registered agent for  
*(name of business entity)*

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)*

**Date:** \_\_\_\_\_  
*(mm/dd/yyyy)*

Print Name:

Daytime Phone:

Title:

Email:

*(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)*

Registered Agent Mailing Address  
*(if different than above):*

**IMPORTANT:** If you are an existing registered agent and your existing address on record does not match what is provided on this form, a **Registered Agent Information Update** form is also required.