Report of Condition
of

_____

as of the close of business

_____

SCHEDULE A

BALANCE SHEET

ASSETS

1. Cash and Due from Banks ..... _____
2. Investments ..... _____
3. Loans and Advances (net)..... _____
4. Company Premises and Fixed Assets (net) ..... _____
5. Furniture, Fixtures, and Equipment (net) ..... _____
6. Other Assets ..... _____

7. TOTAL ASSETS ..... _____

LIABILITIES

8. Trust Credit Balances ..... _____
9. Agency Credit Balances ..... _____
10. Other Liabilities ..... _____

11. TOTAL LIABILITIES ..... _____

CAPITAL ACCOUNTS

12. Preferred Stock(authorized $_____, unissued $_____) _____
13. Common Stock (authorized $_____, unissued $_____) _____
14. Paid in Surplus ..... _____
15. Undivided Profits ..... _____

16. TOTAL CAPITAL ACCOUNTS ..... _____
17. TOTAL LIABILITIES & CAPITAL ACCOUNTS ..... _____

MEMORANDA

18. Pledged Assets (book value):
    (a) Loans ..... _____
    (b) Bonds, Notes, and Debentures ..... _____
    (c) Other Assets ..... _____

    (d) TOTAL ..... _____

19. Amount of Reserve Required ..... _____

20. Cash on Deposit in banks (included in item 1 above) ear-marked or held specially for paying trust and other fiduciary credit balances ..... _____

21. Total Dollar Value of Trust and Agency Accounts Administered ..... _____

_____
Name of Trust Company

_____
Verifying Officer

SCHEDULE B

STATEMENT OF INCOME AND EXPENSES

INCOME

1. Interest on Loans .....
2. Interest and Dividend on Investments .....
3. Interest on Clients Debit Balances .....
4. Safe Deposit Box Rental .....
5. Trust and Agency Commissions and Fees .....
6. Escrow, Appraisal, and Notary Fees .....
7. Land Trust Fees .....
8. Data Processing Fees .....
9. Miscellaneous Income .....
   _____ .....
   _____ .....
   _____ .....

10. TOTAL INCOME .....

EXPENSES

11. Advertising .....
12. Auto Expenses .....
13. Business Promotions and Travel .....
14. Commissions Paid .....
15. Communication Expenses .....
16. Contributions .....
17. Data Processing Expenses .....
18. Directors' Fees .....
19. Dues and Subscriptions .....
20. Insurance .....
21. Expense of Premises and Fixed Assets .....
22. Office Expenses .....
23. Professional Fees and Services .....
24. Salaries & Employee Benefits .....
25. Taxes (including income) .....
26. Miscellaneous Expenses .....
    _____ .....
    _____ .....
    _____ .....

27. TOTAL EXPENSES .....

28. NET OPERATING INCOME (LOSS) .....

OTHER CREDITS

29. Bad Debt Recoveries .....
30. Profit on Sale of Capital Assets .....

31. Total Other Credits .....

OTHER CHARGES

32. Interest on Borrowed Money .....
33. Depreciation - Other .....
34. Loans Charged Off/Additions to Reserve for Losses ..
35. Loss on Sale of Capital Assets .....
36. Amortization of Intangible Assets .....
37. Federal and State Income Taxes .....

38. Total Other Charges .....

39. NET INCOME (LOSS) FOR THE PERIOD .....

_____ _____

Name of Trust Company Verifying Officer

SCHEDULE C

CASH AND DUE FROM BANKS

1. Cash on Hand ..... _____
2. Cash in Banks:
   (a) General Accounts ..... _____
   (b) General Fiduciary Accounts:
      Trust Accounts ..... _____
      Agency Accounts ..... _____
   (c) Accounts in Name of Company as Trustee, etc. ... _____
   (d) All Other Accounts ..... _____

3. TOTAL CASH AND DUE FROM BANKS ..... _____

SCHEDULE D

INVESTMENTS

1. United States Government Obligations ..... _____
2. Obligations of States and Political Subdivisions ..... _____
3. Other Bonds, Notes and Debentures ..... _____
4. Corporate Stocks ..... _____
5. Other Investments ..... _____
6. TOTAL INVESTMENTS ..... _____

7. Memo:
   Bonds, Notes, and Debentures in Default Included Above.. _____

SCHEDULE E

LOANS AND ADVANCES (Net)

1. Real Estate Loans ..... _____
2. Collateral Loans ..... _____
3. Unsecured Loans ..... _____
4. Loans to Officers and Employees ..... _____
5. Trust and Agency Debit Balance ..... _____
6. Receivables from Affiliates ..... _____
7. All other Loans ..... _____
8. Less: Valuation Allowance ..... (_____)
9. TOTAL LOANS AND ADVANCES (net) ..... _____

SCHEDULE F

COMPANY PREMISES AND FIXED ASSETS (Net)

1. Company Premises and Fixed Assets ..... _____
2. Less: Allowances for Depreciation ..... (_____)

3. COMPANY PREMISES AND FIXED ASSETS (Net) ..... _____

_____ Name of Trust Company

_____ Verifying Officer

SCHEDULE G

FURNITURE, FIXTURES, AND EQUIPMENT (Net)

1. Furniture, Fixtures, and Equipment ..... _____
2. Less: Allowance for Depreciation ..... (_____)

3. FURNITURE, FIXTURES, AND EQUIPMENT (Net) ..... _____

SCHEDULE H

OTHER ASSETS

1. Interest, Commissions, Rents, and Other Income Earned or Accrued But Not Collected ..... _____
2. Insurance and Other Expenses Prepaid ..... _____
3. Leased Equipment Under Capital Leases ..... _____
4. All Other Assets:
   _____ ..... _____
   _____ ..... _____
   _____ ..... _____
   _____ ..... _____
5. TOTAL OTHER ASSETS ..... _____

SCHEDULE I

OTHER LIABILITIES

1. Interest, Taxes, and Other Expenses Accrued and Unpaid
2. Safe Deposit Key Deposits ..... _____
3. Accounts Payable ..... _____
4. Obligations Under Capital Leases ..... _____
5. Loans Payable ..... _____
6. Due to Affiliates ..... _____
7. All Other Liabilities:
   _____ ..... _____
   _____ ..... _____
   _____ ..... _____
   _____ ..... _____
8. TOTAL OTHER LIABILITIES ..... _____

SCHEDULE J

ANALYSIS OF UNDIVIDED PROFITS ACCOUNTS

1. Balance Per Last Report ..... _____
2. Net Income (Loss) For Period From Schedule "B" ..... _____
3. Additions:
   _____ ..... _____
   _____ ..... _____
   _____ ..... _____
   _____ ..... _____
4. Deductions:
   _____ ..... _____
   _____ ..... _____
   _____ ..... _____
   _____ ..... _____
5. Balance at End of Period ..... _____

_____ _____

Name of Trust Company Verifying Officer

Schedule K

MANAGEMENT DATA

Names	Number Shares Capital Stock owned	Salary and/or Fees Per Annum
ALL OFFICERS		
President:		
Vice President:		
Secretary:		
Treasurer:		

	Meetings Attended Since Last Report		
All Directors:			
Appraisers:			
Attorney:			
Executive Committee:			

Auditors & Date of Last Audit:

Date of Last Audit

Name of Trust Company

Verifying Officer

Schedule L

CORPORATE TRUST

1. Total amount of collateral trust bonds outstanding where company acts as trustee ..... _____

2. Total amount of other bonds, etc., outstanding under deeds of trust or mortgages to company as trustee ..... _____

3. Ledger value of securities held for account of sinking funds ..... _____

4. Total amount of sinking funds uninvested ..... _____

5. Face amount of unissued bonds held:
   Certified $ _____ Uncertified $ _____ _____

6. Face amount of canceled bonds held ..... _____

7. Number of Corporate Trust ..... _____

VERIFICATION STATEMENT
(read carefully before signing)

STATE OF HAWAII:

_____

The undersigned, first being duly sworn, each deposes and says: That he has read the foregoing and attached report consisting of 22 pages, each dated and identified by the signature of one of the undersigned, and that to the best of his belief and knowledge, the assets are set forth therein at their true value, all known liabilities including accrued and contingent liabilities are set forth therein, provision has been made for all known or probable losses by writing same off or setting up special reserves therefore, no information has been withheld and all information requested by this report has been given, and all other matters therein set forth are correctly stated.

Subscribed and sworn to before me this
_____ day of _____ 19___

_____
Secretary

_____
Notary Public

_____
Name of Trust Company

My Commission Expires: _____