

## Commencement of Fiduciary Activities Notice

Date

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

Re: Fiduciary Powers Request, CAIS Control Number

Dear Licensing Manager:

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