



Professional Fiduciaries Bureau

1625 North Market Blvd., Suite S-209
Sacramento, CA 95834

Phone: (916) 574-7340 Fax: (916) 574-8645

Website: www.fiduciary.ca.gov



Internal Use Only
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Completed Form Rec'd: _____

INITIAL ANNUAL STATEMENT

PF Lic# _____
Expiration Date _____

The Initial Annual Statement must be filed with the Bureau **within 60 days** of issuance of a license. Failure to file this report may result in an enforcement or disciplinary action against a professional fiduciary license. This Initial Annual Statement shall report current information reflecting any changes since the date of filing of the license application. Errors and omissions may result in delays in processing the Initial Annual Statement.

PART 1. PERSONAL/BUSINESS INFORMATION

Last Name	First Name	Middle Name
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Business Name or Affiliation: (Optional)

BUSINESS ADDRESS: (Physical address)

Number and Street

City	State	ZIP Code
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Business Phone	Business Fax	Email (Optional)
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ADDRESS OF PUBLIC RECORD: (If different than above)

Number and Street

City	State	ZIP Code
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HOME ADDRESS: (Physical address)

Number and Street

City	State	ZIP Code
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Home Phone	Home Fax	Email (Optional)
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Have you served in the United States military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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PART 2. OTHER LICENSES/CERTIFICATES

Since the submission of your licensing application to the Bureau, have you been issued a new license or professional certification in any state, territory, province, foreign country, or U.S. federal jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, provide the following information for each NEW license or certificate. Attach additional sheets as needed.	

New License/Certification Type	Jurisdiction
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License/Certificate #	Date Issued (mm/dd/yyyy)	Status
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Has the license or certificate listed above ever been revoked, suspended, or subject to discipline? You may attach a statement of explanation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Are there any changes to the information you reported on your licensing application?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If Yes, what are the changes?

PART 3. CLIENT MATTERS

VALUE OF CLIENT ASSETS UNDER MANAGEMENT

Provide the aggregate dollar value of all assets currently under your supervision as a Professional Fiduciary: \$ _____

Report all COURT AND NON-COURT cases you currently administer as the conservator, guardian, trustee, personal representative of a decedent's estate, or agent under a durable power of attorney for finances and/or health care in which you have been appointed. Attach additional sheets as needed.

USE THE KEY PROVIDED TO REPORT "CASE TYPE"

- (C) Conservator (POA-F) Agent under a durable power of attorney for finances
- (G) Guardian (POA-H) Agent under a durable power of attorney for healthcare
- (T) Trustee (PR) Personal representative of a decedent's estate

SECTION 1. CURRENT COURT CASES

Case Type	Case Name	Case #	Date Appointed (mm/dd/yyyy)	Court Location

SECTION 2. CURRENT NON-COURT CASES

Case Type	Case Name	Date Appointed (mm/dd/yyyy)

Report all CLOSED COURT AND NON-COURT cases you have ever administered as the conservator, guardian, trustee, personal representative of a decedent's estate, or agent under a durable power of attorney for finances and/or health care that have been closed. Attach additional sheets as needed.

SECTION 1. CLOSED COURT CASES

Case Type	Case Name	Case #	Date Appointed (mm/dd/yyyy)	Date Closed (mm/dd/yyyy)	Court Location

SECTION 2. CLOSED NON-COURT CASES

Case Type	Case Name	Date Appointed (mm/dd/yyyy)	Date Closed (mm/dd/yyyy)

PART 4. BUSINESS MATTERS

SECTION 1. BUSINESS INTERESTS

1. List any ownership or beneficial interest in businesses or other enterprises held by you or a family member that received payments from a client of yours.

- You **must** include the name of the applicable business or enterprise, client names, and dates of payments received.
- You may attach a statement of explanation for each entry. Attach additional sheets as needed.

Business/Enterprise	Client Name	Date Payment Received (mm/dd/yyyy)

2. List the names of any persons or entities that have an interest in your professional fiduciary business. You may attach a statement of explanation for each entry. Attach additional sheets as needed.

SECTION 2. BANKRUPTCY

Since the submission of your licensing application to the Bureau, have you filed for bankruptcy or held a controlling financial interest in a business when that business filed for bankruptcy? If yes, you may attach a statement of explanation.

YES NO

If Yes, date filed (mm/dd/yyyy): _____

PART 5. FIDUCIARY ACTIONS

SECTION 1. BREACH OF FIDUCIARY DUTY

Since the submission of your licensing application to the Bureau, have you been found by a court to have breached a fiduciary duty?

If Yes:

- You **must** provide copies of the court findings and orders related to this case.
- You may attach a statement of the issues and facts pertaining to this case.
- Provide the following information for each case where you were found to be in breach of fiduciary duty. Attach additional sheets as needed.

YES NO

Case Name	Case #	Court Location	Date of Court Finding (mm/dd/yyyy)

SECTION 2: REMOVAL

Since the submission of your licensing application to the Bureau, have you been removed by the court for cause?

If Yes:

- You **must** provide copies of court findings and orders related to each case.
- You may provide a statement of issues and facts pertaining to each case.
- Provide the following information for each case where you were removed for cause. Attach additional sheets as needed.

YES NO

Case Name	Case #	Court Location	Date of Removal (mm/dd/yyyy)

SECTION 3. RESIGNATION				
<p>Since the submission of your licensing application to the Bureau, have you resigned in a matter in which a complaint* has been filed with the court? If Yes:</p> <ul style="list-style-type: none"> You must provide copies of court findings and orders related to each case. You must provide a statement of issues and facts pertaining to each allegation. Provide the following information for each case from which you resigned where a complaint has been filed with the court. Attach additional sheets as needed. 			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Case Name	Case #	Court Location	Date Complaint Filed (mm/dd/yyyy)	Date of Resignation (mm/dd/yyyy)
SECTION 4. SETTLEMENT				
<p>Since the submission of your licensing application to the Bureau, have you settled as a fiduciary in a matter in which a complaint* has been filed with the court? If Yes:</p> <ul style="list-style-type: none"> You must provide copies of court findings and orders related to each case. You must provide a statement of issues and facts pertaining to each allegation. Provide the following information for each case that was settled where a complaint has been filed with the court. Attach additional sheets as needed. 			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Case Name	Case #	Court Location	Date Complaint Filed (mm/dd/yyyy)	Date of Settlement (mm/dd/yyyy)
PART 6. AFFIDAVIT				
<p>I, _____, hereby certify under penalty of perjury under the laws of the state of California to the truth and accuracy of all statements, answers, and representations made in this reporting document, including all supplementary statements.</p>				
Signature of Licensee				Date

*A complaint means a civil complaint, a petition, motion, objection, or other pleading filed with the court against the licensee alleging the licensee has not properly performed the duties of a fiduciary.

Submit Initial Annual Statements to the Bureau by:

Email:
PFBrenewals@dca.ca.gov

Fax:
 (916) 574-8645

Mail:
 1625 North Market Blvd., Suite S-209
 Sacramento, CA 95834

If you email or fax your Initial Annual Statement to the Bureau, do not mail a separate copy.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Bureau. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.