

Declaration of Trust

Name of Entity or Person _____

Principal Place of Business _____

Name of Trustee, Custodian or Bank _____

affirms that the following asset(s) are the unencumbered property of the _____
(Name of Entity or Person)

and pledged to the commissioner of insurance or the Texas Department of Insurance for the reason or reasons stated in accordance with the laws of this state:

Deposit Reason One (select from drop-down; if more than one reason per asset, designate amount allocated per reason).

Statutory Reason _____ State _____

Description	CUSIP / ID No	Rate	Maturity Date	Par Value Amount

Deposit Reason Two (select from drop-down; if more than one reason per asset, designate amount allocated per reason).

Statutory Reason _____ State _____

Description	CUSIP / ID No	Rate	Maturity Date	Par Value Amount

Deposit Reason Three (select from drop-down; if more than one reason per asset, designate amount allocated per reason).

Statutory Reason _____ State _____

Description	CUSIP / ID No	Rate	Maturity Date	Par Value Amount

The asset(s) listed above have been deposited with the named trustee, custodian or bank and pledged to the Texas Department of Insurance (TDI) for the purpose set forth above or subsequently attached to this form.

The listed asset(s) are pledged to TDI and must not be withdrawn or substituted unless approved by the commissioner of insurance of the state of Texas (commissioner) in writing.

The officials of the government, government agency, financial institution, or corporation issuing the listed asset(s) are authorized to honor any requisition by the commissioner or the commissioner's designee, for the conversion of the asset(s) or to negotiate the asset(s) under applicable Texas law. The asset(s), the officials of the government, government agency, financial institution, or corporation issuing the asset(s), and commissioner, TDI, or its duly designated entity are fully protected against any or all claims or assertions by _____ and any third-party claims. (Name of entity or person)

The trust will terminate at the written direction of the commissioner or designee.

Executed this the ____ day of _____, 20____ by the undersigned officer of _____ and _____ (Trustee, Custodian or Bank). (Name of entity or person)

By _____ Name of Entity or Person

Printed Name of Affiant

Position Title

By _____ Name of Trustee, Custodian or Bank

Printed Name of Affiant

Position Title

Notary's acknowledgment

For _____ (Name of Entity or Person)

State of _____
County of _____

Before me, the undersigned authority, on this day personally appeared _____ (designee)
the _____ of _____ (title) (entity)

known to me to be the person whose name is subscribed to the above and foregoing instrument which is to be held in accordance with the terms of the agreement.

Given under my hand seal of office this ____ day of _____, 20_____.

Notary Public

Printed Name
My commission expires _____

Notary's acknowledgment For the Trustee, Custodian or Bank

State of _____
County of _____

Before me, the undersigned authority, on this day personally appeared _____
the _____ of _____
(title) (name of Trustee, Custodian or Bank) (designee)

known to me to be the person whose name is subscribed to the above and foregoing instrument which is to be held in accordance with the terms of the agreement.

Given under my hand seal of office this ____ day of _____, 20____.

Notary Public

Printed Name

My commission expires _____

Email completed forms to SDfilings@tdi.texas.gov

For additional information visit us online at [Statutory deposit requirements](#) or call Company Licensing and Registration Office at 512-676-6365.