

**Oregon Department of Consumer and Business Services  
Division of Financial Regulation**

350 Winter St. NE, Room 410, Salem, Oregon 97301-3881  
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http://dfcs.oregon.gov



**MASTER TRUSTEE ANNUAL REPORT AND REGISTRATION RENEWAL**  
ORS Chapter 97; OAR 441-930

**Reporting period:** Jan. 1 to Dec. 31      **For calendar year:** \_\_\_\_\_

**Due date:** April 1      **Fee:** \$390

Business name: \_\_\_\_\_

ABN (if applicable): \_\_\_\_\_

Business address: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business fax: \_\_\_\_\_

Business e-mail: \_\_\_\_\_ Contact name: \_\_\_\_\_

Mailing address, if different from above: \_\_\_\_\_

City, state, ZIP: \_\_\_\_\_

1.	Beginning balance of trust on Jan. 1 (ending market value of previous report) .....	\$	_____
2.	Deposits made in reporting year .....	\$	_____
3.	Interest/dividends/gains/losses.....	\$	_____
4.	Trustee, accounting, depository, and investment fees (limited to 2% of Line 1).....	\$ (	_____)
5.	Taxes paid for the benefit of contract beneficiaries .....	\$ (	_____)
6.	Withdrawals .....	\$ (	_____)
7.	Ending balance on Dec. 31 reporting year (market value).....	\$	_____

Provide the following with your annual report:

- Payment of annual fee
- Alphabetical list of legal names and location of each certified provider, certified provider number, total number of unfulfilled contracts, and the total amount of trust funds on deposit for each.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Type or print name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**Secure fax for credit card payments:  
503-947-2333**

If paying by credit card, applicant must sign  
credit-card information box.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover   Phone: _____	
_____	_____
Credit card number	Expiration date
_____	_____
Name of cardholder as shown on credit card	
_____	\$
Cardholder signature	Amount

**Make check or money order payable to the Department of  
Consumer and Business Services. Mail application with  
payment to:**

DCBS — Fiscal Services  
P.O. Box 14610  
Salem, OR 97309-0445

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