

OFFICE OF THE KANSAS ATTORNEY GENERAL

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QUALIFIED ESCROW FUND ASSESSMENT FORM

2021

For the purpose of compliance with K.S.A. 50-6a03(b), a non-participating manufacturer ("NPM") to the Tobacco Master Settlement Agreement is required to establish a qualified escrow fund ("QEF") as defined in K.S.A. 50-6a02(f). The Kansas Attorney General's Office requests that every financial institution holding a QEF established by an NPM for the benefit of Kansas please provide the following information.

MANUFACTURER IN	FORMATION
MANUFACTURER	
CONTACT PERSON	
MAILING ADDRESS	
PHONE NUMBER	FAX NUMBER
FINANCIAL INSTITUT	FION INFORMATION
FINANCIAL INSTITUTION	
ACCOUNT MANAGER	
MAILING ADDRESS	
PHONE NUMBER	FAX NUMBER
Email Address	
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QUALIFIED ESCROW FUND ASSESSMENT

Please provide the following information for any and all qualified escrow fund accounts or subaccounts established by the NPM for the benefit of Kansas.

ACCOUNT/SUB-ACCOUNT NUMBER	SALES YEAR (IF APPLICABLE)	BALANCE AS OF JULY 1, 2021	

TOTAL BALANCE FOR ALL ACCOUNTS AS OF JULY 1, 2021

QUALIFIED ESCROW FUND INVESTMENT

Please provide an explanation below on the investment instructions, including how earned interest is handled, for the accounts listed above. If more space is needed, please provide an attachment to this certification.

QUALIFIED ESCROW FUND DEPOSIT HISTORY

Please provide the principal deposit and withdrawal history for any and all qualified escrow fund accounts or sub-accounts established by the NPM for the benefit of Kansas. Please do not include withdrawals of earned interest. If more space is needed or if you have an alternative way to share the requested data, please provide an attachment to this certification.

ACCOUNT/SUB-ACCOUNT NUMBER	DEPOSIT/WITHDRAWAL DATE	DEPOSIT/WITHDRAWAL Amount	
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ADDITIONAL INFORMATION

Please indicate "Yes" or "No" to the following questions. If any answer is yes and more space is needed in order to provide a response, please provide an attachment to this certification.

	Yes	No
Do you have information on persons or entities that have any ownership		
interest or legal rights to the accounts listed above? If so, please provide		
contact information, including the name and most recent address.		

Have you had any contact with these persons or entities, whether through phone calls, emails, letters, or other sources of communication? If so, please state with whom and provide the date (or estimate) of the most recent communication.

Do you have information related to the executed, negotiated or attempted purchase, sale or transfer of interest, if any, in the accounts listed above? If so, please provide.

Have you had contact with any person or entity representing the NPM, including an attorney or agent thereof, in the prvious 5 years? If so, please provide the contact information and date of most recent contact.

Do you have any maintenance or similar fees owed related to the accounts listed above? If so, please provide information on how these fees are paid.

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REPORTING REQUIREMENTS

The Kansas Attorney General's Office requests that your financial institution comply with the requirements listed below.

Please check each box below to signify your compliance with the requirements.

I acknowledge that this financial institution will provide escrow statements to the Kansas Attorney General's Office for any and all qualified escrow fund accounts or sub-accounts held for this NPM for the benefit of the state of Kansas. The escrow statements shall be send on a quarterly basis and each quarter shall be for the following periods:

Quarter 1: January 1 – March 31 Quarter 2: April 1 – June 30 Quarter 3: July 1 – September 30 Quarter 4: October 1 – December 31

I acknowledge that this financial institution's records have been updated to ensure all future escrow statements, correspondence, and other notices regarding the qualified escrow fund will be sent to one of the following:

Via U.S. mail to:

Office of the Kansas Attorney General Attn: Tobacco Enforcement Unit 120 SW 10th Ave, 2nd Floor Topeka, KS 66612-1597

Or via email to:

tobacco@ag.ks.gov

VERIFICATION OF CERTIFICATION

Executed this _____ day of _____, 20____.

Signature of Authorized Officer or Agent

Name (*Please Print*)

Title (*Please Print*)