



OFFICE OF THE KANSAS ATTORNEY GENERAL

QUALIFIED ESCROW FUND ASSESSMENT FORM *REVISED APRIL 24, 2012*

In accordance with K.S.A. 50-6a03(b), a non-participating manufacturer ("NPM") selling cigarettes to consumers in Kansas must establish a qualified escrow fund as defined in K.S.A. 50-6a02(f). Pursuant to K.S.A. 50-6a10(b), this office requests that every financial institution holding a qualified escrow fund established by an NPM for the benefit of the State of Kansas provide proof of the amount of money in such fund, exclusive of interest.

Please complete and return this form for each applicable manufacturer at your earliest convenience.

MANUFACTURER IDENTIFICATION

Manufacturer Name: _____

Contact Name
and Title: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

FINANCIAL INSTITUTION IDENTIFICATION

Financial Institution: _____

Account Manager: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

QUALIFIED ESCROW FUND ASSESSMENT

For the identified manufacturer, provide proof of the amount of money held in such qualified escrow fund for benefit of the State of Kansas. Please distinguish all account and sub-account numbers and their respective balances.

QUALIFIED ESCROW FUND BALANCES

Account/Sub-Account Number:	Sales Year (if applicable):	Balance as of December 31, 2011:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL QUALIFIED ESCROW FUND BALANCES HELD FOR MANUFACTURER

Provide the total balance held in the qualified escrow fund for benefit of the State of Kansas as of December 31, 2011.

Total: _____

REPORTING REQUIREMENTS

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

Check each box to signify your compliance:

- I acknowledge that this financial institution will provide **quarterly escrow statements** to the Kansas Attorney General's Office for all qualified escrow fund accounts or sub-accounts held for manufacturer for the benefit of the State of Kansas. The quarters run as follows:

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 has verified its listed mailing address for the Kansas Attorney General's Office and that all future escrow statements, correspondence, and other notices will be sent to the following:

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

VERIFICATION

Executed this _____ day of _____, 20_____.

SUBMISSION OF QUALIFIED ESCROW FUND ASSESSMENT FORM

Mail this completed form to:

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

Signature of Authorized Officer or Agent

Name *(Please Print)*

Title *(Please Print)*