

Branch and Relocation Application

Application No.:

For your convenience, the application that you are reviewing includes all questions contained on the type of branch/relocation application that you completed. We have provided all questions for your review to ensure that you have an opportunity to see those questions that you answered and the questions that you did not previously see or answer. Your attention should be focused on those questions with answers, with the other questions provided for your information.

National Bank Identifying Information

Charter No.:

Name of Bank:

Street address:

City:

County:

State:

Zip:

Supervisory

District:

TYPE OF APPLICATION (Check appropriate boxes)

INTRASTATE or INTERSTATE MAIN OFFICER RELOCATION

(Outside current city, town, or village limits)

To a new location

To an existing branch

Filing Fee: \$0.00

Application Identifying Information

Application is made for permission to:

Relocate the main office to the following address.

Branch

Authorization

No.:

Street Address:

City:

County:

State:

Zip:

If this is a branch relocation, indicate the present address:

Name:
StreetAddress:

City:
County:
State:
Zip:

OtherInformation: (Checkthefollowingasapplicable.)

Isthisashort-distancerelocationasdefinedin12CFR5.3(I)? Yes No
*Note:Branchrelocationsthatdonotmeettheshortdistancecriteriaof
12CFR5.3(I)mustalsocomplywithadvancebranchclosing
proceduresin12USC1831r-1.*

Ifyes,pleaseindicatewhichcriterionapplies:

_Non-MSA(relocationiswithin2-mileradius)
_MSA(relocationiswithin1-mileradius)
_PrincipalcityinanMSA(relocationiswithin1000-feetradius)

InterstateDetermination

**Willtheproposedneworrelocatedbranchbelocatedinastatethat
iseitherthebank'smainofficestateorastateinwhichthebank
willoperateatleastoneotherauthorizedbranchatthetimethe
proposedbranchwillopen?** Yes No

LegalNotice

Legalnoticeofthisapplicationisbeingpublishedon:in:

Publication
Name:
StreetAddress:

City:
State:
Zip:

Legalnoticeofthisapplicationisbeingpublishedon:in:

Publication
Name:
StreetAddress:

City:
State:
Zip:

ContactPerson

**Requestsforadditionalinformationorothercommunicationsaboutthisproposal
shouldbedirectedto:**

Name:
 Title:
 StreetAddress:

 City:
 State:
 Zip:
 Phone:
 Fax:
 Email:

StatutoryandRegulatoryFactors

1. Legality

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| A. Istheproposedmainofficewithin30milesofthecity,townor villageofthecurrentmainoffice? | Yes | No |
| B. Ifthemainofficerelocationisacrossstatelines:
B.1.Isthebankretainingbranchesacrossstatelines?
Ifyes,pleaseidentifythestatesandexplainthelegalauthorityto retainthebranches. | Yes | No |
| B.2.Isthebankownedbyabankholdingcompany? | Yes | No |
| C. Ifthemainofficerelocationis <u>not</u>acrossstatelines:
C.1.Wouldtherelocationofthebank'smainofficealterthebank's legalauthoritytoestablishoracquirebranchesinany manner? Ifyes,pleaseexplain. | Yes | No |
| D. Ifthebankwerenotrelocatingitsmainoffice,couldthebank establishadenovobranchattheproposednewsiteofthemain office? Ifno,pleaseexplain. | Yes | No |
| E. Doyoucertifythattwo-thirdsoftheshareholdershavevotedto approvetherelocation? Ifno,pleaseexplain. | Yes | No |
| F. Areyouestablishingabranchattheformermainofficesite? Ifyes,youneedtofileseparatebranchapplication. | Yes | No |

2. Bank Premises

- A. Will the proposed action result in an investment in bank premises that requires an application or notice under 12 USC 371d (see the "Investment in Bank Premises" booklet)? Yes No
- B. If prior approval is required, has it been granted? Yes No
- C. If no, is an investment request included? Yes No
- D. If yes, type your investment request in the text box below.

If no, do you wish to proceed with the application? Yes No

3. Management Interlocks/Insider Conflicts

Will the proposed action result in or raise an issue that could create a prohibited interlock (12 USC 3201-3208 and 12 CFR 26) or a conflict of interest? Yes No

If yes, explain the circumstances that result in any potential conflict of interest or management interlock and specify what action will be taken to prevent a violation of the law.

4. Environment

Will the proposed action have any significant effect on the quality of the human environment, (for example, air and/or water quality, noise levels, energy consumption, congestion of population, solid waste disposal, or environmental integrity of private land) within the meaning of the National Environmental Policy Act (NEPA), 42 USC 4321-4347, et seq? (See the Council on Environmental Quality at www.whitehouse.gov/CEQ). Yes No

If yes, discuss the effect(s) and explain how the proposal causes the effects.

5. Historic Properties

Will the proposed action affect any district, site, building, structure or object listed in, or eligible for listing in, the National Register of Historic Places pursuant to the National Historic Preservation Act (NHPA), 16 USC 470f? (See the Advisory Council on Historic Preservation at www.achp.gov for the Act and implementing regulations). You are reminded that if a historic property may be affected, no site preparation, demolition, alterations, construction or renovation may occur without OCC's authorization. Yes No

Specify how such determination was made:

ConsultationwiththeStateHistoricPreservation Officer(SHPO)and/orTribalHistoricPreservation Officer(THPO)(whentriballandsorhistoricproperties ofsignificancetoatribeareinvolved).

ReviewedNationalRegisterofHistoricPlaces(See www.cr.nps.gov/nr).

AppliedNationalRegistercriteriatounlisted properties(See36CFR60.4).

Reviewedhistoricalrecords.

Contactwithpreservationorganizations.

Other(Describe):

Asappropriate,provideacopyofanydocumentationof consultationwiththeSHPOand/orTHPO.Areyouproviding documentation?
Ifyes,provideacopy.

Yes No

6. CommunityReinvestmentAct(CRA)Considerations

A. Atitsmostrecentexamination,didthebankoranyaffiliated institutionreceiveaCRAratingof "needstoimprove"or"substantialnoncompliance"?
Ifyes,describewhatactions,ifany,havebeentakentoredress deficienciesintheinstitution'sCRA recordofperformancesincetheexamination.

Yes No

B. WilltheproposedtransactionaffecttheCRAassessmentarea served bytheapplicant?
Ifyes,discusstheeffect.

Yes No

7. AdditionalAttachments

DesiredActionDate

I/We desire OCC action on this application no later than .

Certification

I hereby certify that the bank's board of directors has authorized the filing of this application, and that to the best of my knowledge, it contains no misrepresentations or omissions of material facts. In addition, I agree to notify the OCC if the facts described in the filing materially change prior to receiving a decision.

I acknowledge that any misrepresentation or omission of a material fact constitutes fraud in the inducement and may subject me to legal sanctions provided by 18 USC 1001 and 1007.

I acknowledge that approval of this application is in the discretion of the Comptroller of the Currency. Actions or communications, whether oral, written, or electronic, by an agency or its employees in connection with this filing, including approval of the application if granted, do not constitute a contract, either express or implied, or any other obligation binding upon the agency, other federal banking agencies, the United States, any other agency or entity of the United States, or any officer or employee of the United States. Such actions or communications will not affect the ability of the agency to exercise its supervisory, regulatory, or examination powers under applicable law and regulations. I further acknowledge that the foregoing may not be waived or modified by any employee or agent of a federal banking agency or of the United States.

I agree I do not agree

(If you do not indicate that you agree with the terms of the certification you cannot certify.)

Signature

Signature of Authorized Officer:

Typed Name:

Title:

Date:

Name of Bank:

BankNet Security verified that was a valid signer for as of.