Page:
Date:

OFFICE OF THRIFT SUPERVISION
BRANCH OFFICE SURVEY SYSTEM
DEPOSITS AND SAVINGS ACCOUNTS BY OFFICE
JUNE 30, xxxx

[B01] SEQ. NUM.*	[B02] CHG. CODE	[B03] EFFECTIVE DATE** (MM/DD/YYYY)	[B04] DEPOSITS/ ESCROWS AMTS (000s)	[B05] STREET ADDRESS	[B06] CITY OR TOWN	[B07] COUNTY OR INDEPENDENT CITY	[B08] STATE	[B09] ZIP CODE

TOTAL DEPOSITS AND ESCROWS [B10] _____

MUST EQUAL FILED LINE SC710 + SC712 OF THE THRIFT FINANCIAL REPORT FOR JUNE

CHANGE CODE:

U-UPDATE DEPOSITS	C-CLOSED
R-REDESIGNATE BRANCH TO HOME OFFICE	L-RELOCATE BRANCH OR HOME OFFICE
N-NEW BRANCH OFFICE	S-SHORT DISTANCE RELOCATION
H-NEW HOME OFFICE	T-CORRECT TYPOGRAPHICAL ERROR

HOME OFFICE ALWAYS HAS A SEQUENCE NUMBER OF '0000'.

*MUST BE COMPLETED IF CHANGE CODE = C (CLOSED); N (NEW BRANCH OFFICE) ; H (NEW HOME OFFICE); OR L (CHANGE OF LOCATION).

I HAVE VERIFIED THIS STATEMENT ACCORDING TO THE INSTRUCTIONS PROVIDED BY THE OTS AND ATTEST THAT IT IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT THE DEPOSIT TOTALS AGREE WITH THOSE REPORTED ON THE JUNE TFR REPORT. I ACKNOWLEDGE THAT FAILURE TO SUBMIT THIS INFORMATION MAY SUBJECT THE SAVINGS ASSOCIATION TO THE PENALTIES PRESCRIBED BY 12 U.S.C. SECTION 1464 (v).

SIGNATURE OF AUTHORIZED OFFICIAL	DATE	AUTHORIZED OFFICIAL PRINTED NAME	TITLE
		Name of Preparer:	Phone Number: