

Docket Number: \_\_\_\_\_

***OFFICE OF THRIFT SUPERVISION***

***NOTICE OR APPLICATION FOR CAPITAL DISTRIBUTION***

**PAPERWORK REDUCTION ACT STATEMENT**

The Office of Thrift Supervision (OTS) will use this form to acquire information concerning the amount of capital that an institution intends to distribute, pursuant to 12 C.F.R. § 563 Subpart E of the OTS regulations.

Public reporting burden for this collection of information is estimated to average 16.5 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the Office of Thrift Supervision, Office of Examination Policy, 1700 G Street, N.W., Washington, D.C. 2052; and to the Office of Management and Budget, Paperwork Reduction Project (1550-0059), Washington, D.C. 20503.

Docket Number: \_\_\_\_\_

**OFFICE OF THRIFT SUPERVISION**

**NOTICE OR APPLICATION FOR CAPITAL DISTRIBUTION**

TO: Office of Thrift Supervision Date of Filing: \_\_\_\_\_

We, the undersigned executive officer and secretary, pursuant to the resolution of majority of the members of the board directors, of:

\_\_\_\_\_  
Savings Institution Name

\_\_\_\_\_  
Street Address of Savings Institution (include City, State and Zip Code)

(hereinafter the Institution), hereby provide  notice/  application (select one) to the Office of Thrift Supervision (OTS) that the Institution intends to issue a capital distribution in the amount of \$ \_\_\_\_\_, pursuant to 12 C.F.R. Section 563.140, and do hereby certify:

1. That to the best of our belief, the institution  qualifies/  does not qualify (select one) for expedited treatment, pursuant to 12 C.F.R. Sections 563.143 and 516.25(a);
2. That, if applicable, the Institution has attached any additional information required, pursuant to 12 C.F.R. Section 563.146; and
3. That we are aware that the OTS may request additional information or may impose conditions for the distribution of capital and may determine that such distribution does not comply with the requirements of 12 C.F.R. Section 563.143.

\_\_\_\_\_  
Executive Officer

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date of Receipt by OTS