

Banking Schedule

Use this schedule to report information about a reporter that is a Banking Company, and about a reporter's directly or indirectly held interests in a Banking Company.

For Federal Reserve Bank Use Only

ID\_RSSD\_E1 (direct holder)
ID\_RSSD\_E2 (reportable company)
If applicable, former d/h

Check box if correction

1.a. Event Type (check all that apply):

- Acquisition of a Going Concern
De Novo Formation
External Transfer
Internal Transfer
Other, please describe:

1.b. Date of Event:

(MM / DD / YYYY)

- Change in Ownership
Liquidation
Change in Characteristics
Change in Activity or Legal Authority

- No Longer Reportable
Became Inactive
Debts Previously Contracted
Became Reportable

Characteristics Section

2.a. Legal Name of Banking Company

2.b. If Name Change or Correction, Prior Legal Name of Banking Company

3.a. Current Street Address (Physical Location)

3.b. If Relocation or Correction, Prior Street Address (Physical Location)

City and County

If Relocation or Correction, Prior City and County

State / Province, Country, and Zip / Postal Code

If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code

State or Country (if foreign) of Incorporation

If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. Date Opened: (MM / DD / YYYY)

5. Fiscal Year End (FBOs and BHCs Only): (MM/DD)

6. SEC Reporting Status: Not Applicable, Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act, etc.

7. CUSIP Number: leading six digits only; Tax ID Number: Legal Entity Identifier (LEI)

9. Banking Company Type: BHC, FBO, U.S. Commercial Bank, U.S. State Chartered Savings Bank, Other, please describe:

10. Business Organization Type: Corporation, General Partnership, Limited Partnership, Business Trust, Sole Proprietorship, Mutual, Cooperative, Limited Liability Partnership, Limited Liability Co./Corp., Other, please describe:

11. Is the banking company consolidated in the reporter's financial statements? (only reportable for foreign investments)

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location: Legal Name, City, State/Province, Country

13.a. Percentage of a Class of Voting Shares: %; 14. Control by Direct Holder: Yes/No

13.b. Percentage of Nonvoting Equity: %; 15. Control by Reporter: Yes/No

13.c. Other Interest: Yes/No

16. Former Direct Holder's Name and Location (if applicable):

13.d. If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder:

- General Partner/Managing Member
Limited Partner/Non-Managing Member

Legal Name of Former Direct Holder

City, State / Province, Country

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

Activity Type, FRS Legal Authority Code, NAICS Activity Code, Description of Activity

17.a. Primary Activity

17.b. Secondary Activity (FBOs and BHCs only)

17.c. Termination of Activity



Nonbanking Schedule

Use this schedule to report information about a reporter that is a Nonbanking Company, and about a reporter's directly or indirectly held interests in a Nonbanking Company.

Note: Savings associations acquired by a BHC and transactions involving SLHCs and savings associations should be reported on the Savings and Loan Schedule.

For Federal Reserve Bank Use Only
ID\_RSSD\_E1 (direct holder)
ID\_RSSD\_E2 (reportable company)
If applicable, former d/h

Check box if correction

1.a. Event Type (check all that apply):

- Acquisition of a Going Concern
De Novo Formation
External Transfer
Internal Transfer
Other, please describe:

1.b. Date of Event:

(MM / DD / YYYY)

- Change in Ownership
Liquidation
Change in Characteristics
Change in Activity or Legal Authority

- No Longer Reportable
Became Inactive
Became Reportable

Characteristics Section

2.a.

Legal Name of Nonbanking Company

2.b.

If Name Change or Correction, Prior Legal Name of Nonbanking Company

3.a.

City and County (Physical Location)

3.b.

If Relocation or Correction, Prior City and County (Physical Location)

State / Province, Country, and Zip / Postal Code

If Relocation or Correction, Prior State / Province, Country, and Zip / Postal Code

State or Country (if foreign) of Incorporation

If Relocation or Correction, Prior State or Country (if foreign) of Incorporation

4. If the Nonbanking Company is a functionally regulated subsidiary, indicate its functional regulator:

- Not Applicable, SEC and CFTC, SEC Only, CFTC only, State Securities Department, State Insurance Regulator

5. Is the Nonbanking Company a Financial Subsidiary of an insured depository institution? Yes No

6. SEC Reporting Status: Not Applicable, Subject to 13(a) or 15(d) of SEC Act of 1934 and Section 404 of SOX Act, Subject to 13(a) or 15(d) of SEC Act of 1934, but not Section 404 of SOX Act, Terminated or suspended reporting requirements under 13(a) or 15(d) of the SEC Act of 1934

7. CUSIP Number: leading six digits only

8a.

8. Tax ID Number:

8b. Legal Entity Identifier (LEI)

9. Nonbanking Company Type (see instructions for list):

Other, please describe:

10. Business Organization Type:

- Corporation, General Partnership, Limited Partnership, Business Trust, Sole Proprietorship, Mutual, Cooperative, Limited Liability Partnership, Limited Liability Co./Corp., Limited Liability Limited Partnership, Other, please describe:

11. Is the Nonbanking Company consolidated in the reporter's financial statements? Yes No

Answer the above question only if the Nonbanking Company is one of the following "foreign" offices: (a) Consolidated subsidiary in a foreign country; (b) a majority-owned Edge or agreement subsidiary

Ownership Section (report at direct holder level unless otherwise noted)

12. Direct Holder's Name and Location:

Legal Name

City, State/Province, Country

13.a. Percentage of a Class of Voting Shares: 100%, 80% to <100%, >50% to <80%, 25% to 50%, <25% but 25% or more in the aggregate or otherwise controlled elsewhere within the organization

14. Control by Direct Holder: Yes No

15. Regulation K, Subpart A Investments:

- Portfolio Investment, Joint Venture, Subsidiary

13.b. Other Interest: Yes No

13.c. If the reportable company is a type of partnership or limited liability company as indicated in Item 10 above, please indicate the appropriate ownership interest of the direct holder:

- General Partner/Managing Member, Limited Partner/Non-Managing Member

16. Former Direct Holder's Name and Location (if applicable):

Legal Name of Former Direct Holder

City, State / Province, Country

Activity and Legal Authority Section (for list of FRS legal authority codes, see the Appendix of these instructions.)

Table with 4 columns: Activity Type, FRS Legal Authority Code, NAICS Activity Code, Description of Activity. Rows include Primary Activity, Secondary Activity, and Termination of Activity.

For Federal Reserve Bank Use Only	
ID_RSSD_E1 (ns)	_____
ID_RSSD_E2 (s)	_____

## Merger Schedule

Use this schedule to report certain types of mergers involving a reporter or company within the reporter's organizational structure.

Check box if correction

1. First Full Calendar Date the Nonsurvivor No Longer Exists: \_\_\_\_\_  
(MM / DD / YYYY)

2. Survivor: \_\_\_\_\_  
Legal Name

\_\_\_\_\_  
City, State / Province, Country

3. Nonsurvivor: \_\_\_\_\_  
Legal Name

\_\_\_\_\_  
City, State / Province, Country

*Item 4 only applies to mergers involving an insured depository institution organized under U.S. law.*

4. Did the head office of the nonsurvivor become a branch of the survivor?     Yes     No



For Federal Reserve Bank Use Only	
ID_RSSD	_____
County, State and Country Code	_____
ID_RSSD_HD_OFF	_____
City and Country Code	_____

### Domestic Branch Schedule

Use this schedule to report information on:

1. Branches and offices of domestic depository institutions (including territorial depository institutions) controlled directly or indirectly by a top-tier bank holding company (BHC) or a top-tier savings and loan holding company (SLHC) and state member banks that are not affiliated with a BHC; and,
2. Branches of Edge and agreement corporations.

Check box if correction

1.a. Event Type (check all that apply):

1.b. Date of Event: \_\_\_\_\_  
(MM / DD / YYYY)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Opening (De Novo)             | <input type="checkbox"/> Purchase of Branches   | <input type="checkbox"/> Acquisition of Branches through Merger/Absorption |
| <input type="checkbox"/> Sale of Branches              | <input type="checkbox"/> Closure                | <input type="checkbox"/> Relocation  |
| <input type="checkbox"/> Name Change                   | <input type="checkbox"/> Change in Service Type | <input type="checkbox"/> Deletion of Erroneously Reported Branch/Office    |
| <input type="checkbox"/> Other, please describe: _____ |   |  |

### Characteristics Section

2. Check applicable service type:

- Full Service     Limited Service     Trust     Electronic Banking

3.a. \_\_\_\_\_  
Popular Name

3.b. \_\_\_\_\_  
If Name Change, Prior Popular Name

4.a. Current Address

\_\_\_\_\_

Current Street Address (Physical Location)

\_\_\_\_\_

City and County

\_\_\_\_\_

State, Country, and Zip / Postal Code

4.b. Previous Address (if changes have occurred)

\_\_\_\_\_

If Relocation or Correction, Prior Street Address (Physical Location)

\_\_\_\_\_

If Relocation or Correction, Prior City and County

\_\_\_\_\_

If Relocation or Correction, Prior State, Country, and Zip / Postal Code

5. \_\_\_\_\_

Head Office Legal Name

\_\_\_\_\_

City, State, Country, and Zip / Postal Code

6. For event types sales of branches or purchase of branches, provide the name and address of the other domestic depository institution involved in the transaction and the number of branches sold or purchased:

\_\_\_\_\_

Name of Other Depository Institution that Sold or Purchased Branches

\_\_\_\_\_

City, State, Country, and Zip / Postal Code

\_\_\_\_\_

Number of Branches Sold or Purchased



For Federal Reserve Bank Use Only	
ID_RSSD	_____
County, State and Country Code	_____
ID_RSSD_HD_OFF	_____
City and Country Code	_____

## Foreign Branch of U.S. Banking Organizations Schedule

Use this schedule to report information about foreign branches of U.S. banking organizations, including member banks, Edge and agreement corporations, BHCs, and foreign subsidiaries. The term "foreign" refers to one or more foreign nations, and includes the overseas territories, dependencies, and insular possessions of those nations and of the United States and the Commonwealth of Puerto Rico.

Report all offices, including inactive offices that continue to retain their license.

Check box if correction

1.a. Event Type (check all that apply):

Opening     Closure     Relocation

Other, please describe: \_\_\_\_\_

1.b. Date of Event: \_\_\_\_\_

(MM / DD / YYYY)

### Characteristics Section

2. Office Type:

Full-Service Branch     Shell Branch     Other

3. Date of Board Consent or Prior Notification (if applicable): \_\_\_\_\_

(MM / DD / YYYY)

4. \_\_\_\_\_

Popular Name

5.a. Current Address

\_\_\_\_\_  
Current Street Address (Physical Location)

\_\_\_\_\_  
City

\_\_\_\_\_  
Province, Country, and Zip / Postal Code

5.b. Previous Address (if changes have occurred)

\_\_\_\_\_  
If Relocation or Correction, Prior Street Address (Physical Location)

\_\_\_\_\_  
If Relocation or Correction, Prior City

\_\_\_\_\_  
If Relocation or Correction, Prior Province, Country, and Zip / Postal Code

6. \_\_\_\_\_

Head Office Legal Name

\_\_\_\_\_  
City, State, Country, and Zip / Postal Code

<b>For Federal Reserve Bank Use Only</b>	
ID_RSSD	_____
County, State and Country Code	_____
ID_RSSD_HD_OFF	_____
City and Country Code	_____

# Branch, Agency, and Representative Office of Foreign Banking Organizations (FBOs) Schedule (BARO Schedule)

Use this schedule to report information about U.S. branches, agencies, representative offices, and managed non-U.S. branches of FBOs, and U.S representative offices of foreign bank subsidiaries of FBOs.

Report all offices, including inactive offices that continue to retain their license.

Check box if correction

1.a. Event Type (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Opening   | <input type="checkbox"/> License Issued                                       |
| <input type="checkbox"/> Change in Office Type                                   | <input type="checkbox"/> Became Inactive                                      |
| <input type="checkbox"/> Commenced Activities through<br>Managed Non-U.S. Branch | <input type="checkbox"/> Ceased Activities through<br>Managed Non-U.S. Branch |
| <input type="checkbox"/> Other, please describe: _____                           |   |

1.b. Date of Event: \_\_\_\_\_

(MM / DD / YYYY)

- |  |
|--|
| <input type="checkbox"/> Relocation          |
| <input type="checkbox"/> License Surrendered |

## Characteristics Section

2. Office Type (including managed non-U.S. branches)

- |                                 |                                 |  |
|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Branch | <input type="checkbox"/> Agency | <input type="checkbox"/> Representative Office |
|---------------------------------|---------------------------------|--|

3. \_\_\_\_\_  
Popular Name

4.a. Current Address

\_\_\_\_\_  
Current Street Address (Physical Location)

\_\_\_\_\_  
City and County

\_\_\_\_\_  
State, Country, and Zip / Postal Code

4.b. Previous Address (if changes have occurred)

\_\_\_\_\_  
If Relocation or Correction, Prior Street Address (Physical Location)

\_\_\_\_\_  
If Relocation or Correction, Prior City and County

\_\_\_\_\_  
If Relocation or Correction, Prior State, Country, and Zip / Postal Code

5. \_\_\_\_\_  
Head Office Legal Name

\_\_\_\_\_  
City, Province, Country, and Zip / Postal Code