## PROPOSAL FORM FOR EARLY REPURCHASE OF CDCI SECURITIES

Please complete the following information and submit to cdci@treasury.gov prior to the submission deadline of 5:00PM ET, Friday, November 18, 2016. In addition to completing the information on the form, please submit all requested additional/supporting documents as outlined in the notification letter<sup>1</sup>.

Further information regarding this form, the notification letter and the proposal process can be found here: https://www.treasury.gov/initiatives/financial-stability/TARP-Programs/bank-investment-programs/cdci/Pages/default.aspx. Any additional questions may be directed to cdci@treasury.gov.

INSTITUTION NAME:						UST NUMBER:	
SUBMISSION DATE <sup>2</sup> :		<b>RESUBMISSION:</b> (CHECK IF APPLIES)					
PRIMARY CONTACT			SECONDARY CONTACT				
NAME:				NAME:			
PHONE:				PHONE:			
EMAIL:				EMAIL:			
CDCI SECURITY							
TYPE: (CHECK)	CUMULATIVE PREFERRED ST	fock		MULATIVE RED STOCK		SUBORDINATED DEBENTURES	
TOTAL A OUTSTAN					DATE OF CDCI INVESTMENT:		
DIVIDEND OR INTEREST PAYMENTS							
CURRENT RATE: RATE STEP-UP DATE:						STEP-UP RATE:	
MOST RECENT PAYMENT AMOUNT:			MOST RECENT PAYMENT DATE:				

<sup>1</sup> Notification letter refers to the letter sent on August 1, 2016 to all CDCI participants announcing the CDCI wind-down plan and posted on Treasury's website at: https://www.treasury.gov/initiatives/financial-stability/TARP-Programs/bank-investment-programs/cdci/Pages/default.aspx.

<sup>2</sup> If this is the first proposal submission this will be recorded as your original submission date. Resubmissions following a declined proposal must be submitted within 60 calendar days of the original submission date and prior to 5:00PM ET, Friday, November 18, 2016.

## FAIR VALUE PROPOSAL

PROPOSED FACE VALUE OF SECURITIES TO BE REPURCHASED (\$): MINIMUM 50% OF OUTSTANDING

FAIR VALUE OFFERED FOR SECURITIES **TO BE REPURCHASED (\$):** 

HAVE YOU CONSULTED WITH YOUR PRIMARY **REGULATOR REDARDING AN EARLY REPURCHASE?** 

**EXPECTED REPURCHASE COMPLETEION DATE:** 

## **CERTIFICATION**

Name of the Chief Executive Officer (or Authorized Designee)

Signature of the Chief Executive Officer<sup>3</sup> (or Authorized Designee)

<sup>3</sup> By signing, the signatory is certifying that all information contained on the form and submitted as part of the proposal process is accurate. This is also a certification that the institution meets all of the eligibility criteria as set forth in the notification letter.

This information is being collected under OMB Control Number 1505-0223.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. The time required to complete this form is estimated to average 24 hours.

**Date of Signature** 

Title