DRAFT

Board of Governors of the Federal Reserve System

Order Forms—FR MM – Form OF

The information in this form is required by law: 12 CFR Part 239 (Mutual Holding Companies).

The Federal Reserve System ("FRS") will use the information specified in this form in connection with requests from savings associations to conduct mutual holding company reorganizations.[1]

The undersigned hereby certifies that the attached information is consistent with information contained in other documents that are required pursuant to Regulation MM (e.g., business plan, stock issuance plan, plan of conversion, reorganization plan, proxy soliciting materials).

Name of Applicant

Street Address

City | State | Zip Code

Date of Application:

Month / Day / Year

Does applicant request confidential treatment for any portion of this submission?

☐ Yes

- ☐ As required by the General Instructions, a letter justifying the request for confidential treatment is included.
- ☐ The information for which confidential treatment is being sought is separately bound and labeled "Confidential."

☐ No

:

[1] Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time to gather and maintain data in the required form, to review instructions and to complete the information collection. The FRS may not conduct or sponsor, and an organization is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100-0121), Washington, DC 20503.

Name, title, address, telephone number, and email address of person(s) to whom inquiries concerning this form may be directed:

Name	Name
Title/Organization	Title/Organization
Street Address	Street Address
City / State / Zip Code	City / State / Zip Code
Area Code / Phone Number	Area Code / Phone Number
Email Address	Email Address

Certification

I certify that the information contained in this application has been examined carefully by me and is true, correct, and complete, and is current as of the date of this submission to the best of my knowledge and belief. 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 U.S.C. §1001 and §1007.

I also certify, with respect to any information pertaining to an individual and submitted to the Board of Governors of the Federal Reserve System ("Board") in (or in connection with) this application, that the applicant has the authority, on behalf of the individual, to provide such information to the Board and to consent or to object to public release of such information. I certify that the applicant and the involved individual consent to public release of any such information, except to the extent set forth in a written request by the applicant or the individual, submitted in accordance with the Instructions to this form and the Board's Rules Regarding Availability of Information (12 CFR Part 261), requesting confidential treatment for the information.

I acknowledge that approval of this application is in the discretion of the Board. Actions or communications, whether oral, written, or electronic, by the Board or its employees in connection with this filing, including approval if granted, do not constitute a contract, either express or implied, or any other obligation binding upon the agency, the United States or any other 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 Board to exercise its supervisory, regulatory, or examination powers under applicable laws and regulations. I further acknowledge that the foregoing may not be waived or modified by any employee or agency of the Board or of the United States.

Signed this_____day of_____,_____.
Month Year

_____
Signature of Chief Executive Officer or Designee

_____
Print or Type Name

_____
Title