

NON-CONTROLLING EQUITY INVESTMENT APPLICATION

NATIONAL BANK IDENTIFYING INFORMATION

Charter No.:

Bank Name (exact corporate title):

Street Address:

City: County: State: ZIP:

CONTACT PERSON

Requests for additional information or other communications should be directed to:

Name:

Title:

Street Address:

City: State: ZIP:

Phone: Fax: E-mail:

NON-CONTROLLING INVESTMENT DETAILS

Name:

Street Address:

City: State: ZIP:

The activity will be performed at:

- Main office
- Branch location
- Other location

Date of Investment: (mm/dd/yyyy)

Investment Amount: \$

Percent of Bank Capital*: %

Investment Made: Directly Through an operating subsidiary

I/We desire OCC action on this application no later than: (mm/dd/yyyy)

* As defined in 12 CFR Part 3.

APPLICATION DETAILS

Will the bank be well capitalized and well managed at the time of its investment?

Yes No

Is the activity or activities to be performed contained in 12 CFR 5.34(e)(5)(v) or in published OCC precedent approving a non-controlling investment by a national bank or its operating subsidiary?

Yes No

If no, explain in full detail the structure of the investment and the activity or activities to be performed. Explain why the activity is a permissible activity for a national bank and why the bank should be permitted to hold a non-controlling investment in an enterprise engaged in that activity. Describe the organizational structure, management, and relationships between the bank and the subsidiary, and any significant effect that the subsidiary will have on the bank's condition and earnings.

Describe how: 1) the bank can prevent the enterprise from engaging in activities not contained in 12 CFR 5.34(e)(5)(v) or in published OCC precedent approving a non-controlling investment by a national bank or its operating subsidiary, or how the bank has the ability to withdraw its investment; and 2) the investment is convenient and useful to the bank in carrying out its business and not a mere passive investment unrelated to the bank's banking business.

Is this the initial affiliation of the bank with a company engaged in insurance activities? (including a broker dealer selling annuities that are considered insurance products under state law?)

YES NO

If yes, describe the type of insurance activities that the company is engaged in and has present plans to conduct

For each state in which the company holds or will hold an insurance license, indicate the lines of business, the state where the subsidiary holds or will hold a resident license or charter, and the type of license (enter additional lines as needed):

- 1) Line of Business:
- State:
- Type of License:

2) Line of Business:

State:

Type of License:

3) Line of Business:

State:

Type of License:

CERTIFICATION AND SIGNATURE

In connection with the investment, the bank certifies that:

- Its loss exposure will be limited as a legal matter and the bank will not have open-ended liability for the obligations of the enterprise.
- The enterprise in which the bank is investing agrees to be subject to OCC supervision and examination and subject to the limitations and requirements of 12 USC 1820a and 1831v.
- The proposed activity will be conducted according to the OCC policies contained in guidance issued for this activity.

I certify that the information contained in this filing has been examined carefully by me and is true, correct, and complete, and is current as of the date of the submission. 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 USC 1001.

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

Signature: _____

Print or type Name: _____

Title: _____

Date: _____