

## **Subsidiary Redesignation Notice Federal Savings Association**

### **General Information and Instructions**

#### **Preparation and Use**

This notice is used to provide prior notice of redesignation under 12 CFR 5.59(h)(4) or under 12 CFR 5.38(e)(5)(vi). This notification form should not be used if new activities are proposed to be conducted in the redesignated subsidiary.

All questions must be answered with complete and accurate information that is subject to verification. If the answer is “none,” “not applicable,” or “unknown,” so state. Answers of “unknown” should be explained.

The questions in the application are not intended to limit the applicant’s presentation nor are the questions intended to duplicate information supplied on another form or in an exhibit. For such information, a cross-reference to the information is acceptable. Any cross-reference must be made to a specific cite or location in the documents, so the information can be found easily. Supporting information for all relevant factors, setting forth the basis for the applicant’s conclusions, should accompany the application. The regulatory agency may request additional information.

This notice form collects information that the Office of the Comptroller of the Currency (OCC) will need to evaluate a subsidiary redesignation notice. The OCC must consider the applicable statutory requirements set forth above, if any, as well as applicable regulatory requirements, when acting on this notice. For additional information regarding these statutory and regulatory requirements, as well as processing procedures and guidelines and any supplemental information that may be required, refer to the OCC’s procedural guidelines in the *Comptroller’s Licensing Manual*. The applicant may contact the OCC directly for specific instruction or visit the OCC’s Web site at [www.occ.gov](http://www.occ.gov).

#### **Submission**

In addition to an original notice and the appropriate number of signed copies, submit an electronic copy of the information in the notice, especially of the business plan’s financial projections, if applicable. For e-mail submissions, contact the OCC for instructions and information about secure transmission of confidential material.

#### **Confidentiality**

Any applicant desiring confidential treatment of specific portions of the notice must submit a request in writing with the notice. The request must discuss the justification for the requested treatment. The applicant’s reasons for requesting confidentiality should specifically demonstrate the harm (for example, loss of competitive position, invasion of privacy) that would result from

public release of information (5 USC 552 or relevant state law). Information for which confidential treatment is requested should be (1) specifically identified in the public portion of the notice (by reference to the confidential section); (2) separately bound; and (3) labeled “Confidential.” The applicant should follow the same procedure when requesting confidential treatment for the subsequent filing of supplemental information to the notice. Contact the OCC for any further questions regarding requests for confidential treatment.

**Subsidiary Redesignation Notice  
Federal Savings Association**

**Applicant**

|                        |             |       |          |
|------------------------|-------------|-------|----------|
| Name                   | Charter no. |       |          |
| Current street address |             |       |          |
| City                   | County      | State | Zip code |

**Parent Company Identifying Information** (if applicable)

|        |  |       |          |
|--------|--|-------|----------|
| Name   |  |       |          |
| Street |  |       |          |
| City   |  | State | Zip code |

**Contact Person**

|               |         |                |
|---------------|---------|----------------|
| Name          | Title   |                |
| Employer      |         |                |
| Street        |         |                |
| City          | State   | Zip code       |
| Telephone no. | Fax no. | E-mail address |

1. Overview

- The federal savings association is proposing to
- redesignate an existing operating subsidiary as a service corporation.
  - redesignate an existing service corporation as an operating subsidiary.

2. Name and address of existing subsidiary

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Name

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Street

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City

State

Zip code

Country

3. Will the name or address of the subsidiary change as a result of the redesignation?

Yes  No

If yes, provide the following information for the redesignated subsidiary:

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Name

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Street

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City

State

Zip code

Country

4. Provide a discussion of the purpose of the redesignation.

5. Provide a complete description of how the redesignated subsidiary meets all the requirements of 12 CFR 5.38 for a redesignation to an operating subsidiary or 12 CFR 5.59 for a redesignation to a service corporation.

6. Proposed effective date of redesignation.

7. Attach a copy of a resolution of the federal savings association's board of directors approving the redesignation.

**OCC CERTIFICATION**

I certify that the bank’s board of directors, shareholders or a designated official has authorized the filing of this notice. I certify that the information contained in this notice has been examined carefully and is true, correct, complete and current as of the date of this submission.

I acknowledge that any misrepresentation or omission of a material fact with respect to this notice, any attachments to it, and any other documents or information provided in connection with this notice may be grounds for the OCC to require cessation of the proposed activity, and may subject the undersigned to legal sanctions, including the criminal sanctions provided for in Title 18 of the United States Code.

I acknowledge that the activities and communications by OCC employees in connection with the filing do not constitute a contract, express or implied, or any other obligation binding upon the OCC, the United States, any agency or entity of the United States, or any officer or employee of the United States, and do not affect the ability of the OCC to exercise its supervisory, regulatory, and examination authorities under applicable law and regulations. I further acknowledge that the foregoing may not be waived or modified by any employee or agent of the OCC or the United States.

\_\_\_\_\_  
President or other authorized officer

\_\_\_\_\_  
Typed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employer