



**APPLICATION TO ORGANIZE AN "INTERIM"
STATE CHARTERED BANKING INSTITUTION**

State Form 50283 (R / 2-26)
DEPARTMENT OF FINANCIAL INSTITUTIONS

DEPARTMENT OF FINANCIAL INSTITUTIONS

30 South Meridian Street, Suite 200

Indianapolis, Indiana 46204

Telephone: (317) 232-3955

Fax: (317) 232-7655

E-mail: bankapplications@dfi.in.gov

Website: www.in.gov/dfi

**APPLICATION TO ORGANIZE AN "INTERIM" STATE
CHARTERED BANKING INSTITUTION**

As incorporators intending to organize an "interim" state chartered bank in accordance with the provisions of the statutes of Indiana, we hereby make application to The Department of Financial Institutions of the State of Indiana, for the establishment of an "Interim" bank to be known as:

(Date of Application)

The main office of the proposed "interim" bank will be located at:

(Address) (City) (County) (Zip)

The interim bank is being formed for the purpose of:

Required copies of the executed application, including all supporting documents for this portion of the application are to be submitted to:

**Department of Financial Institutions
30 South Meridian Street, Suite 200
Indianapolis, Indiana 46204**

Three executed copies of the application and supporting documents must be filed. Information regarding the fees charged and related expenses that will be billed and/or required at the time of filing may be obtained by calling the Department of Financial Institutions at 317-232-3955.

Should the Department have any questions concerning this application, it should contact the following individual:

(Name of Contact Person)

(Telephone Number)

The proposed institution must have at least one incorporator. Provide the following information for each incorporator: Add additional pages as necessary. **Please type.**

1. _____
 Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Business or Employment _____

2. _____
 Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Business or Employment _____

3. _____
 Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Business or Employment _____

CAPITAL STRUCTURE

The paid-in Capital Structure, as of the beginning of business, will be as follows:

	No. of Shares	Par Value per Share	Total Amount
COMMON CAPITAL STOCK			
SURPLUS			
UNDIVIDED PROFITS			
BEGINNING TOTAL CAPITAL STRUCTURE			

ORGANIZATION EXPENSES

INSTRUCTIONS: List all expenses related to the organization of the bank. Include all expenses paid, additional costs anticipated prior to the opening date, and any expenses for work performed during the organization phase for which disbursement may be deferred beyond the opening date.

Name of Recipient	Association with Bank	Type of Relationship (Specify Director, Officer, 5% Stock Holder, or their Relative or Business interest)	Amount
Attorney Fees:			
1.) TOTAL ATTORNEY FEES			
Consultant Fees:			
2.) TOTAL CONSULTANT FEES			
3.) TOTAL PRE-OPENING SALARIES			
4.) TOTAL PRE-OPENING TRAVEL & ENTERTAINMENT			
5.) TOTAL APPLICATION & INVESTIGATION FEES (Other Expenses: Describe in detail any item in excess of \$1,000)			
6.) TOTAL OTHER EXPENSES			
TOTAL ORGANIZATION EXPENSES (Sum of lines 1 thru 6 above)			
PRE-OPENING INCOME			
NET TOTAL			

7. Describe the source of all pre-opening income.

8. Describe how organizational expenses will be paid.

PROPOSED OFFICERS OF PROPOSED BANK

List names of directors and all executive officers of the proposed bank. (Additional copies should be made of this form as is needed to complete the application).

NAME	ADDRESS	OCCUPATION	TITLE

IMPORTANT: PROMPT WRITTEN NOTIFICATION MUST BE GIVEN TO THE DEPARTMENT OF FINANCIAL INSTITUTIONS IF CHANGES IN THE DIRECTORATE OR IN THE OWNERSHIP OF STOCK OF FIVE PERCENT (5%) OR MORE OF THE TOTAL ARE PRIOR TO MERGER.

GENERAL INFORMATION

1. Has any proposed director or officer been convicted of any criminal offense involving dishonesty or a breach of trust? (If "Yes" explain below)

☐ Yes

☐ No

2. Have correspondent bank relationships been established? (If "Yes", List below)

☐ Yes

☐ No

3. If "Yes" are there any agreements with correspondent banks, written or oral, establishing balances required in connection with loans to any Director, Officer, Employee or five percent (5%) stockholder for the purpose of financing the purchase of stock in the proposed bank? (If "Yes" explain below)

☐ Yes

☐ No

4. State, in detail, rate of exchange for shares in the existing bank for shares of stock in the "interim" bank upon merger.

5. State, in detail, how dissenting shareholders will be paid. Also, how will funds be obtained for payment? Who will purchase those shares? If known, price to be offered.

6. Has financing been obtained for purchase of dissenting shareholders stock? If so, with whom? Please include a) maximum amount allowed to be borrowed, b) annual percentage rate, c) repayment provisions, and d) maturity.

7. State book value of existing bank's common stock. State last sale price, date and number of shares.

APPOINTMENT OF AGENT (Please type)

The incorporators of the proposed “interim” bank to be known as _____
Proposed Name of Interim Bank
appoint and designate

First Name Middle Name Last Name

Address City State Zip Code

Area Code and Telephone Number

as our sole and exclusive agent revoking all previous appointments of agency to organize this interim bank.

The AGENT is authorized to represent and appear on behalf of the undersigned before the DEPARTMENT OF FINANCIAL INSTITUTIONS (DEPARTMENT) and, except where the DEPARTMENT shall require personal actions by the incorporators, the agent is empowered and authorized to do and perform all things necessary in connection with the application as the incorporators could do if personally present.

The AGENCY RELATIONSHIP shall terminate when the Articles of Incorporation of the proposed financial institution are filed with the Secretary of State.

The AGENCY RELATIONSHIP may only be revoked by a certified resolution of the incorporators to the DEPARTMENT.

I certify, as agent, that I am not a party to any agreement other than with the signers of the APPOINTMENT OF AGENT concerning this application, dated _____.

Signature of Agent

Date

The undersigned further authorize the DEPARTMENT to investigate the character, financial responsibility, and criminal background of the undersigned. The undersigned shall reimburse the DEPARTMENT for expenses incurred in the investigation.

These statements are true to the best of our knowledge and belief. The DEPARTMENT is requested to make thorough investigation of this application to determine approval or disapproval. (To be signed by all incorporators.)

Respectively submitted,

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

The Application to establish a state _____, Appointment of an Agent,
and Representations by the Incorporators were subscribed and sworn to before me this _____
day of _____ by the above persons.

Witness my hand and official seal. My commission expires: _____
Date

(SEAL)

Notary Public

Printed Name