

NOTICE OF ADDITIONAL TRUST OFFICE
submitted to the
ARKANSAS STATE BANK DEPARTMENT

By

Corporate Title of State Trust Institution

Street Address

City County State Zip Code

hereby provides written notice to the State Bank Commissioner of the establishment or acquisition and maintenance of an additional trust office to be operated at the following location:

Street Address

City County State Zip Code

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

I hereby certify that the bank's board of directors has authorized the filing of this notice and that to the best of my knowledge, it contains no misrepresentations or omissions of material facts.

Signature of Authorized Officer

Date of Notice

Typed Name

Title

Telephone Number

AUTHORITY

A state trust institution may establish or acquire and maintain trust offices anywhere in this state. The Arkansas Trust Institutions Act 940 of 1997, Section 73 – Trust Office.

PROCEDURES

The notificant may commence business at the additional trust office thirty (30) days after the date the Commissioner receives notice, unless the Commissioner specifies another date. If the period of review is extended, the state trust institution may establish the additional office only on prior written approval by the Commissioner.

FEE

The notificant must provide a filing fee of \$300 payable to the Arkansas State Bank Department upon submission of the application.

SUPPORTING INFORMATION/DOCUMENTATION

The following information and/or documentation must be submitted in support of the notification to establish or acquire an additional trust office:

Copy of Board Resolution: A certified copy of a Board Resolution authorizing the establishment of the proposed additional trust office.

See Attachment – Resolution of the Board of Directors

Activities: Provide a general description of activities to be conducted at the proposed office.

Fixed Asset Expenditures: A general description of the surrounding area and whether the location will be owned or leased, and an estimate of the cost of the trust office.

See Attachment – Fixed Asset Expenditures

Financial Statements: a) A projected budget and pro forma balance sheet of the trust institution for a three year period from the date the additional trust office is to be placed in operation.

b) A separate budget, income and expense categories, and pro forma balance sheet of the additional trust office for each of the three years.

RESOLUTION OF THE BOARD OF DIRECTORS

The Board of Directors at a meeting duly called and held on _____ adopted the following Resolution:
Date

WHEREAS, it is the sense of this meeting that notice should be made to the State Bank Commissioner of establishment or acquisition of an additional trust institution at:

_____,
Street Address City or Town State

in accordance with provisions of **State laws**;

NOW, THEREFORE, IT IS RESOLVED, that the President or Vice President and the Cashier or Secretary are hereby authorized and directed to notify on behalf of this state trust institution to the State Bank Commissioner of establishment or acquisition of an additional trust office at:

_____,
Street Address City or Town County State

and to submit in connection therewith information on the several factors enumerated in state statutes and to provide such assurances as may be required for the purpose of inducing the State Bank Commissioner to consent to the establishment of an additional office as indicated in this Resolution. The Board of Directors hereby authorize expenditures up to \$_____ for the establishment of the proposed office. Additional expenditures above the approved amount must have the prior approval of the Board of Directors.

The above Resolution has not been rescinded or modified and has been duly entered in the minutes book of the state trust institution. Notification is made, hereby.

Name and Location of State Trust Institution

Signature of President or Vice President Date

Attest (Cashier or Secretary) Date

Seal

FIXED ASSET EXPENDITURES

PERMANENT QUARTERS ANTICIPATED

Give brief physical description of structures to be acquired or constructed, including square footage, number of offices, etc. Also, include legal description of property.

| Circle One | Owned | Leased | Total Cost |
|------------------|--|--------|------------|
| IF OWNED | Land Building Furniture and Equipment TOTAL FIXED ASSET EXPENDITURE | | |
| IF LEASED | Leasehold Improvements Furniture and Equipment TOTAL FIXED ASSET EXPENDITURE | | |

Additional comments:
