

**APPLICATION FOR PURCHASE OF ASSETS  
OR  
ASSUMPTION OF LIABILITIES**

submitted to the

**ARKANSAS STATE BANK DEPARTMENT**

We, the undersigned Directors of

\_\_\_\_\_  
*Corporate Title of Applicant*

\_\_\_\_\_  
*Charter Number*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

hereby apply to the State Bank Commissioner for written permission to purchase or assume the assets and liabilities of:

\_\_\_\_\_  
*Corporate Title of Target*

\_\_\_\_\_  
*Charter Number*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Resulting Corporate Title (If Applicable)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

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

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

\_\_\_\_\_  
*Signature of Authorized Officer*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date of Application*

\_\_\_\_\_  
*Typed Name*

\_\_\_\_\_  
*Telephone Number*

# INSTRUCTIONS

**Copies:** Original and 11 copies of the complete application should be filed with the Department. Additionally, please provide original and 5 copies of any confidential or financial documentation which is separately bound, such as biographical information.

**Notice Published by Applicant:** Notice of intent to file an application must be published once a week for three (3) consecutive weeks in a newspaper of statewide circulation. The first publication shall be within ten (10) calendar days prior to the application's filing date. Publications must provide for a fifteen (15) day comment period beginning with the actual filing of the application. Original proofs of publication must accompany the application to the Bank Commissioner.

See Attachment - **Legal Notice**

**Fee:** Applicant shall submit to the Department a non-refundable filing fee of \$5,000 for purchase or assumption of a majority of the assets and liabilities.

**Confidentiality:** Pursuant to the provisions of the Freedom of Information Act, the application is a public document and available to the public upon request, with the exception of personal financial statements submitted in support of the application.

If Applicant is of the opinion that disclosure of commercial or financial information would likely result in substantial harm to its competitive position or that of its subsidiaries, or that disclosure of information of a personal nature would result in a clearly unwarranted invasion of personal privacy, confidential treatment of such information may be requested. The request for confidential treatment must be submitted in writing concurrently with the submission of the application and must discuss in detail the justification for confidential treatment. Such justification must be provided for each response for which confidential treatment in the public portion of the application is requested. Applicant's reasons for requesting confidentiality should demonstrate specifically the harm that would result from public release of the information. A statement simply indicating that the information would result in competitive harm or that it is personal in nature is not sufficient. It must be demonstrated that disclosure would meet either the "substantial competitive harm" or "unwarranted invasion of personal privacy" test.

Information for which confidential treatment is requested should be:

- 1) specifically identified in the public portion of the application (*by reference to the confidential section*)
- 2) bound separately from the public portion of the application; and
- 3) labeled "Confidential". The same procedure should be followed with regard to filing any supplemental information to the application, or in filing personal financial statements.

The Department will determine if information submitted as confidential will be so regarded and will advise Applicant of any decision to make available to the public information labeled "Confidential". However, it shall be understood that, without prior notice to Applicant, the Department may disclose or comment on any of the contents of the application in the Order or Statement issued by the Department in connection with a decision on the application.

# INSTRUCTIONS

(continued)

**Pending Applications:** Summarize all applications pending or approved but not yet consummated of:

- 1) Applicant,
- 2) bank subsidiaries of Applicant,
- 3) Target, and
- 4) bank subsidiaries of Target. Include applications to acquire or establish subsidiaries, establish branches, charter a new bank, merge or consolidate, or transfer assets and liabilities.

**Stockholders Meeting:** The application must be accompanied by a certified copy of the minutes of the meeting of the selling bank's shareholder(s) at which the corporate action was approved. In addition, please submit a certified copy of the resolutions authorizing the transaction adopted by each bank's Board of Directors.

**Dissenting Shareholders:** The owner of shares of a state bank which were not voted for a corporate action, and who has given notice in writing to the state bank at or prior to the meeting of the stockholders approving the corporate action, that he dissents from the corporate action shall be entitled to receive in cash the value of the shares held by him, if the dissenting stockholder has delivered a written demand for payment to the resulting bank at any time within ten (10) days after the date on which the stockholders' meeting authorizing the corporate action was concluded. A.C.A. § 23-48-506.

**Notice of Public Hearing:** Notice of the time, place and purpose of the public hearing considering the application by the State Banking Board will be given at least **thirty** (30) **days** before the hearing date.

**Stenographer/Recorder:** Applicant is responsible for procuring and paying for a verbatim record of the proceedings of the Board hearing of the application. It will be the duty of Applicant to furnish at least one (1) copy of the transcript to the Commissioner free of charge. A.C.A. § 23-46-406(f).

## I. ESTIMATED CONSOLIDATED FINANCIAL STATEMENTS

A statement of the estimated assets, liabilities, equity capital and income and expenses of the proposed resulting bank, as of the date of the last call report, is as follows: Applicant may report financial information in another format, however, please include all accounts listed below. Add other accounts which may have a bearing on the evaluation of the transaction.

	APPLICATION	TARGET	ADJUSTMENTS	CONSOLIDATED
<b>ASSETS</b>				
Cash				
Securities				
Loans				
Less Reserves				
Fixed Assets				
Other Real Estate				
Goodwill				
Other Assets				
<b>TOTAL ASSETS</b>				
<b>LIABILITIES</b>				
Non-Int Bearing Dep				
Int Bearing Deposits				
<b>TOTAL DEPOSITS</b>				
Fed Funds Purchased				
Other Borrowings				
Subordinated Notes				
Other Liabilities				
<b>TOTAL LIABILITIES</b>				
<b>TOTAL EQUITY CAPITAL</b>				
<b>TOTAL EQUITY CAPITAL &amp; LIABILITIES</b>				
<b>OPERATING EARNINGS</b>				
Int and Dis on Loans				
Int and Div on Sec				
Other Operating Inc.				
<b>GROSS OPERATING INC</b>				
<b>OPERATING EXPENSES</b>				
Int Deposits				
Int Borrowings				
Salaries and Wages				
Prov for Loan Loss				
Other Operating Exp				
Income Taxes				
<b>TOTAL OPERATING EXP</b>				
<b>NET OPERATING INC</b>				

## II. ADEQUACY OF CAPITAL STRUCTURE

A statement of the paid-in capital structure, as of consolidation date, is as follows:

	Number of shares	Par value per share	Amount
Preferred capital	( )	(\$ )	\$
Common capital	( )	(\$ )	
Surplus			
Undivided Profits			
Other segregations of the capital account*			
Total capital			\$

\*Describe other segregations of capital, including intangibles.

## III. COMPETITION

Discuss the effects of the proposed transaction on existing competition in the relevant geographic markets.

List the name and location of any financial institutions now serving the trade territory to be served by the resulting institution.

Please state what effect, if any, the merger will have on the local competition.

Please provide the current market share of Applicant and Target in their respective locations.

## IV. MANAGEMENT

List the proposed Directors and Executive Officers below with information concerning each. Following the name of each officer, provide a brief resume of past business and banking experience and other qualifications as well as a brief statement of the proposed duties and responsibilities in connection with operation of the bank.

Name, Citizenship, Residence & Occupation	Age	Title/Position	Net Worth	Annual Salary
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**Changes in Management:** Please provide any changes contemplated in the directorate or active management of the bank, as shown above within the first year after the purchase or assumption, and if no changes are contemplate, please state such.

**Other locations:** Provide a listing of Target's authorized branch locations, ATM locations, and loan production offices, including approved and unopened locations, which will be operated by Applicant.

See Attachment - **Branch, ATM, and Loan Production Office Questionnaires**

**Insurance Coverage:** Describe below the fidelity insurance to be purchased covering active officers and employees:

**Date of Proposed Transaction:** Please state the anticipated consummation date of the proposed transaction.

## **V. CONSISTENCY OF CORPORATE POWERS**

It is contemplated that the proposed bank will have only such corporate powers as are granted to a State banking corporation under the provisions of State law. The establishment of a trust department (is) (is not) contemplated. All requirements (including security requirements) of any Federal supervisory authorities will be met.



## LEGAL NOTICE

**NOTE: Federal Reserve member banks are required to publish separate legal notices for the Federal Reserve and the State Bank Department.**

### **(for Federal Reserve member banks)**

*(Name and location of main office)* intends to apply to the Federal Reserve Board for permission to purchase the assets and assume the liabilities of *(a branch, located at (address), of) (name and location of head office)*. The Federal Reserve considers a number of factors in deciding whether to approve the application, including the record of performance of applicant banks in helping to meet local credit needs.

You are invited to submit comments in writing on this notice to the Federal Reserve Bank of St. Louis, P.O. Box 442, St. Louis, Missouri 63166-0442. Comments can also be submitted electronically at [Comments.Applications@stls.frb.org](mailto:Comments.Applications@stls.frb.org). The comment period will not end before *(date must be no less than thirty (30) days from the date of publication of the notice)* and may be somewhat longer. The Board's procedures for processing applications may be found at 12 C.F.R. Part 262. Procedures for processing protested applications may be found at 12 C.F.R. 262.25. To obtain a copy of the Federal Reserve Board's procedures, or if you need more information about how to submit your comments on the application, contact Holly Rieser, Senior Manager, (314) 444-4713. The Federal Reserve will consider your comments and any request for a public meeting or formal hearing on the application if they are received in writing by this Reserve Bank on or before the last day of the comment period.

### **(For the Arkansas State Bank Department)**

Notice is hereby given that \_\_\_\_\_ has made application to the  
*(name and location of applicant)*  
Arkansas State Bank Department for the purchase of assets and assumption of liabilities of:

\_\_\_\_\_  
*(target, address, city, county, state)*

Any person desiring to comment on this application to the Arkansas State Bank Department may do so by filing his or her comments in writing to the State Bank Commissioner at the office of the department, 1 Commerce Way, Suite 303, Little Rock, Arkansas 72202. Written comments, including any formal protests, concerning this application must be received in the Arkansas State Bank Department no later than fifteen (15) days following the date of the actual filing of the application.

This notice is published pursuant to The Arkansas Banking Code of 1997, as amended.



**LEGAL NOTICE  
(for non-member banks)**

Notice is hereby given that \_\_\_\_\_ has made application to the Federal  
*(name and location of applicant)*  
Deposit Insurance Corporation and the Arkansas State Bank Department for the purchase of assets and the  
assumption of liabilities of: \_\_\_\_\_. This application includes the request to  
*(target, address, city, county, state)*  
operate the purchased branch(es) as a branch or branches of Applicant. The list of branches to be operated  
includes: \_\_\_\_\_. *(list the address of each branch, including city, county, state and zip code).*

Any person wishing to comment on this application may submit his or her comments to the Federal Deposit  
Insurance Corporation (FDIC) at <https://cra.fdic.gov>. Alternatively, persons may submit comments in writing  
at 600 North Pearl Street, Suite 700, Dallas, Texas 75201, not later than \_\_\_\_\_, 20\_\_\_\_.

*(date 30 days after the publication date)*

The non-confidential portions of the application are on file at the Dallas Area Regional Office and are  
available for public inspection during regular business hours. Photocopies of the non-confidential portions of  
the application file will be made available upon request.

If resulting bank will operate offices of the other bank as branches, include the following statement in the  
notice: It is contemplated that all offices of the above-named institutions will continue to be operated [with  
the exception of *(insert identity and location of each office that will not be operated)*].

Any person desiring to comment on this application to the Arkansas State Bank Department may do so by  
filing his or her comments in writing to the State Bank Commissioner at the office of the department, 1  
Commerce Way, Suite 303, Little Rock, Arkansas 72202. Written comments, including any formal protests,  
concerning this application must be received in the Arkansas State Bank Department no later than fifteen (15)  
days following the date of the actual filing of the application.

This notice is published pursuant to Part 303.7 of the Rules and Regulations of the Federal Deposit  
Insurance Corporation and The Arkansas Banking Code of 1997, as amended.

# BRANCH OFFICE QUESTIONNAIRE

*(Please Type and Make Copies as Needed)*

**BANK NAME:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

***BRANCH OFFICES (EXCLUDE MAIN OFFICE):***

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

**LOAN PRODUCTION OFFICE QUESTIONNAIRE**

*(Please Type and Make Copies as Needed)*

**BANK NAME:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

***LOAN PRODUCTION OFFICES:***

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

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Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

# AUTOMATIC TELLER MACHINE QUESTIONNAIRE

*(Please Type and Make Copies as Needed)*

**BANK NAME:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

## ***ATM LOCATIONS:***

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Attached to Bank Office or Free Standing: \_\_\_\_\_

Network Affiliation (Cirrus, Gulfnet, Mpact, etc.): \_\_\_\_\_

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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Attached to Bank Office or Free Standing: \_\_\_\_\_

Network Affiliation (Cirrus, Gulfnet, Mpact, etc.): \_\_\_\_\_

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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Attached to Bank Office or Free Standing: \_\_\_\_\_

Network Affiliation (Cirrus, Gulfnet, Mpact, etc.): \_\_\_\_\_

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Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Attached to Bank Office or Free Standing: \_\_\_\_\_

Network Affiliation (Cirrus, Gulfnet, Mpact, etc.): \_\_\_\_\_