

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

**By**

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*Corporate Title of State Trust Institution*

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*Street Address*

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*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:

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*Street Address*

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*City*

*County*

*State*

*Zip Code*

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

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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.

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*Signature of Authorized Officer*

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*Date of Notice*

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*Typed Name*

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*Title*

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*Telephone Number*

**Applicant must notify the Bank Commissioner promptly of any material changes in financial or other conditions which may affect the Commissioner's decision.**

## **AUTHORITY**

A state trust institution may establish or acquire and maintain trust offices anywhere in this state per A.C.A. section 23-51-173.

## **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.



**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
<b>IF OWNED</b>	Land Building Furniture and Equipment <b>TOTAL FIXED ASSET EXPENDITURE</b>		
<b>IF LEASED</b>	Leasehold Improvements Furniture and Equipment <b>TOTAL FIXED ASSET EXPENDITURE</b>		

Additional comments:

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