NOTICE OF ADDITIONAL TRUST OFFICE

submitted to the

ARKANSAS STATE BANK DEPARTMENT

 $\mathbf{B}\mathbf{y}$

Corporate Title o	f State Trust Institution		
Street Address			
City	County	State	Zip Code
	written notice to the State Bar n additional trust office to be		establishment or acquisition and g location:
Street Address			
City	County	State	Zip Code
Name, title, addredirected:	ess, and telephone number of	person(s) to whom inqu	iries concerning this notice may be
	at the bank's board of directors contains no misrepresentations		of this notice and that to the best of facts.
Signature of Autho	orized Officer		Date of Notice
Typed Name	\overline{T}	itle	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:

<u>Copy of Board Resolution</u>: 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

<u>Financial Statements</u>: 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.

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RESOLUTION OF THE BOARD OF DIRECTORS

The Board of Directors at a m	neeting duly called and held or	nado	pted the following Resolut	tion:
	of this meeting that notice sl f an additional trust institution		the State Bank Commiss	ioner of
Street Address	City or Tov	wn	State	
in accordance with provisions	of State laws;			
NOW, THEREFORE, IT I are hereby authorized and Commissioner of establishme	S RESOLVED, that the Pres directed to notify on behalf ent or acquisition of an addition	f of this state tru		
Street Address	,	County		
provide such assurances as a consent to the establishment hereby authorizes expenditure	therewith information on the may be required for the purpof an additional office as in es up to \$for the ved amount must have the pri	pose of inducing adicated in this Re establishment of	the State Bank Commissions of Date of	ioner to Directors
The above Resolution has not state trust institution. Notifical	t been rescinded or modified a tion is made, hereby.	and has been duly	entered in the minutes boo	k of the
Name and Location of State	Trust Institution			
Signature of Authorized Bank	k Official		Date	
			Phone Numbe	<u>r</u>

FIXED ASSET EXPENDITURES

PERMANENT QUARTERS ANTIC	<u>IPATED</u>
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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				
	EXPE	ENDITURE			
IF LEASED	Leasehold	Improvements			
	Furniture a	nd Equipment			
	TOTAL F	IXED ASSET			
	EXPI	ENDITURE			

Additional comments:		