



STATE OF KANSAS OFFICE OF THE STATE BANK COMMISSIONER

APPLICATION FOR ELIGIBLE TRUST COMPANIES

Mark the box which applies:

- Relocate a Main Office (K.S.A. 9-1804)
 Relocate a Main Office and Retain Existing Office as a Trust Service Office (K.S.A. 9-1804 & K.S.A. 9-2108)

(Name of Trust Company)

(Current Street Address and Mailing Address of Main Office)

(City, County, State, Zip Code)

(Name and Telephone Number of Person to Contact Regarding Application)

An original application and the applicable filing fee should be submitted to:

Office of the State Bank Commissioner
700 SW Jackson Street, Suite 300
Topeka, Kansas 66603-3796

Remittance of a filing fee of \$500 for relocations within a short distance, or \$1,000 for all other relocations, is required pursuant to K.A.R. 17-22-1. It should also be understood that the cost of on-site examinations or investigations in connection with this application will be the responsibility of the applicant.

The application is available to members of the public, subject to limitations imposed by federal or state statutes.

If the applicant is of the opinion that disclosure of commercial or financial information would likely result in substantial harm to the competitive position of the trust company, 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.

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) separately bound, and (3) labeled "Confidential."

CONFIDENTIAL

Pursuant to K.S.A. 9-1804, and for purposes of processing various applications, eligible trust companies must meet certain criteria. Please complete the following:

- (1) The trust company must have received a composite rating of 1 or 2 under the uniform interagency trust rating system as a result of its most recent state examination;

Date of Last Examination and Composite Rating: _____

- (2) The trust company cannot be subject to a cease and desist order, consent order, written agreement, memorandum of understanding or other administrative agreement with the Office of the State Bank Commissioner.

Is the trust company subject to any regulatory action?_____

I hereby certify that the above information is correct.

(Trust Company)

By:

Title:

Date:

Please submit the following information with regard to the proposed new office. The State Bank Commissioner may request more information, if deemed necessary.

1. Provide the complete official name and address of the proposed new office.
2. Describe the geographic area to be served by the proposed location.
3. Provide a physical description of the proposed new office and state whether the proposed premises and fixed asset costs comply with applicable statutory limits. (NOTE: If additional costs of the proposed new office, when added to current fixed assets, equal more than 50% of the trust company's capital accounts as defined, a letter requesting permission to exceed the 50% limit will need to be submitted to the State Bank Commissioner. The letter should also explain how compliance with K.S.A. 9-1102(a)(3) will be achieved.)
4. Describe any additions and/or changes in staff and management for the proposed new office.
5. Explain how the proposed new office will be useful and describe the chances for success, including the impact the new office will have on the overall condition of the trust company.
6. Provide a letter from the Historic Preservation Department of the Kansas State Historical Society indicating that the proposed new office and/or site that it is located to be on is not included, or eligible for inclusion, in the National Register for Historical Places.
7. Provide a copy of the trust company's most recent balance sheet and income statement.
8. Provide proof of publication, regarding the notice of application. (See attached sample.)
9. Provide any additional information or comments, not requested in the above items, if it is deemed pertinent to support the need for the proposed new office.

Questions concerning this application may be addressed to:
Dana S. Hampton, Director of Corporate Activities
Office of the State Bank Commissioner
Jayhawk Tower, Suite 300
700 SW Jackson Street
Topeka, Kansas 66603-3714
(785) 296-2266 FAX (785) 296-0168

In support of this application, applicant has hereby made the aforementioned statements and representations, and submits this information, based upon the factors as outlined for the purpose of inducing the State Bank Commissioner of the State of Kansas to approve the application for the previously listed Kansas trust company.

Applicant hereby authorizes the State Bank Commissioner of the State Kansas to conduct any investigation, examination or review of the condition of the applicant trust company and to provide any other material as requested by the State Bank Commissioner.

ATTESTATION

Applicant affirms that the information contained in this application has been prepared at the direction of the Board of Directors and that it is accurate and complete to the Applicant's best knowledge and belief.

_____ By _____
(Applicant) (Authorized Officer)

Title _____

(SEAL)

ATTEST:

(Corporate Secretary)

IMPORTANT

CHANGE OF MAIN OFFICE LOCATION

This notice, or one similar to it, must be published in a newspaper of general circulation in the county where the trust company is currently located and in the county where the trust company proposes to relocate the new office on the same day of two consecutive weeks and provide for a comment period of at least ten calendar days from the date of the second publication. Proof of publication is to be supplied to the Commissioner.

Published in the _____
(Name of newspaper) (Date)

(Trust Company Name) (Street Address)

_____, Kansas, _____ an application with the State Bank Commissioner for
(City) (intends to file/has filed)

permission to change the location of its main office to _____
(Street Address)

_____, Kansas.
(City)

The State Bank Commissioner considers a number of factors in deciding whether to approve the application.

Any person wishing to comment on this application may file his or her comments, in writing, with the State Bank Commissioner, at 700 Jackson, Suite 300, Topeka, Kansas 66603. Comments will be considered if received on or before

_____.
(Insert date which is ten calendar days from the date of the second publication.)

Public comments may be subject to disclosure pursuant to the Kansas Open Records Act; K.S.A. 45-201 et seq.

The non-confidential portion of the application file is available for inspection within one day following the request for such file. The file may be inspected in the Office of the State Bank Commissioner during regular business hours. Photocopies of information in the non-confidential portion of the application file will be made available upon written request. A schedule of charges for such copies can be obtained from the State Bank Commissioner.