



Office of the State Bank Commissioner

**APPLICATION TO
Enter into a Trustee Substitution Agreement
and/or
Establish a Trust Service Desk**

Mark the appropriate box:

- Enter into a Trustee Substitution Agreement (K.S.A. 9-2107)
 Establish a Trust Service Desk (K.S.A. 9-2107)

(Name of Trust Company or Bank)

(Current Street Address and Mailing Address of Main Office)

(City, County, State, Zip Code)

(Name, Telephone Number and E-Mail Address of Person to Contact Regarding Application)

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

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

Application Filing Fee - Remittance of the \$500 filing fee is required pursuant to K.S.A. 9-1726. The cost of on-site examinations or investigations in connection with this application will be the responsibility of the applicant.

This application is required pursuant to K.S.A. 9-2107 et seq, and will be considered complete when the materials requested in this form have been filed with the State Bank Commissioner and when it has been determined that no further information shall be required.

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 bank, 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."

Please submit the following information with regard to the proposed transaction. Separate pages should be attached, where necessary. The State Bank Commissioner may request additional information, if deemed necessary.

1. Provide a detailed description of the proposed transaction. Include parties involved and all services to be provided as a result of the transaction.
2. Provide a copy of all agreements which pertain to the proposed transaction (i.e., agreement to enter into or establish the contracting relationship, agreement to establish the trust service desk, lease agreement, etc.).
3. Describe staffing plans necessary to complete the proposed transaction. Include the qualifications and experience of proposed staff and how oversight of these employees will be administered.
4. Discuss how the proposed transaction will be useful, and describe the chances for success, including the impact the transaction will have on the overall condition of the applicant.
5. Provide a copy of the applicant's most recent balance sheet and income statement and the total market value of assets held in fiduciary accounts. Also, include the total number of accounts.
6. If applicable, provide a copy of any other filings made in connection with this application as required by federal regulatory agencies.
7. Provide proof of publication regarding notice of the application. A sample notice available at <http://www.osbckansas.org/banking/applications.html>.
8. *For contracting trustee substitution agreements only:* The following "certification by the parties to the agreement" must be included with the application:

Written notice of the proposed substitution was sent by first-class mail to each co-fiduciary, each surviving settlor of a trust, each ward of a guardianship, each person who has sole or shared power to remove the originating trustee as fiduciary and each adult beneficiary currently receiving or entitled to receive a distribution of principle or income from a fiduciary account affected by the agreement, and that such notice was sent to each such person's address as shown in the originating trustee's records. **IMPORTANT:** An intentional failure to give such notice shall render the agreement null and void as to the party not receiving the notice of substitution.

9. Provide a copy of the written action taken by the Board(s) of Directors of the institutions involved in the proposed transaction, approving the proposed transaction.
10. Provide any additional information or comments, not requested in the above items, if it is deemed pertinent to support the need for the proposed transaction.

Questions should be directed to:
Taylor Stos, Applications and Statistics Manager
Office of the State Bank Commissioner
700 SW Jackson Street, Suite 300
Topeka, Kansas 66603-3714
(785) 296-4859 FAX (785) 296-6037

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 or bank.

Applicant hereby authorizes the State Bank Commissioner of the State of Kansas to conduct any investigation, examination or review of the condition of the applicant trust company or bank 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.

(Applicant)

By _____
(Authorized Officer)

Title

ATTEST:

(Corporate Secretary)