

APPLICATION TO ESTABLISH A TRUST OFFICE
INFORMATION AND INSTRUCTIONS

This application form has been designed to elicit the minimum information required by the State Corporation Commission for the purpose of determining whether a particular bank or trust company may establish a trust office pursuant to Title 6.2 of the Code of Virginia. Additional information may be required in some cases, and the right to request such information is hereby reserved. When space allotted is insufficient, a separate 8½" X 11" page should be used.

A check for \$1,800, payable to the Treasurer of Virginia must accompany the application.

If the application is for an office located outside of Virginia, provide a copy of the laws of the state in which the office will be located permitting the establishment of the trust office.

As a general rule, documents filed with the Bureau of Financial Institutions become part of the public record. Upon request, the Bureau will consider for confidential treatment any documents or portions of the application that the applicant considers of a proprietary and personal nature. The request for confidential treatment must discuss the justification for the requested treatment, specifically demonstrating the harm (for example, loss of competitive position or invasion of privacy) that may result from public release of the information. 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); and (2) specifically separated and labeled "Confidential". The Bureau will advise the applicant if the request for confidentiality cannot be honored.

To view the entire Confidentiality Policy Statement of the Bureau of Financial Institutions or to download this application form or a related form, visit the Bureau's website at scc.virginia.gov/pages/Bureau-of-Financial-Institutions.

Information about appeals: All applications are investigated by the Bureau of Financial Institutions. Certain application decisions are made by the Commissioner of Financial Institutions under delegated authority from the State Corporation Commission. In the event you wish to appeal either a determination made by the Bureau of Financial Institutions in the course of its investigation of your application or the Commissioner of Financial Institutions' decision on your application, you may request a formal review by the State Corporation Commission in accordance with its Rules of Practice and Procedure (scc.virginia.gov/pages/Case-Information).

Inquiries concerning the preparation and filing of this application should be directed to the Bureau of Financial Institutions, 1300 East Main Street, Suite 800, Post Office Box 640, Richmond, Virginia 23218-0640. Telephone: (804) 371-9690; FAX (804) 371-9416.

CERTIFICATION

The undersigned certifies that he/she believes the facts contained in this application and all accompanying schedules and statements are true and that he/she has been duly authorized to file this application.

NAME

SIGNATURE

TITLE

DATE

APPLICATION TO ESTABLISH A TRUST OFFICE

Bureau of Financial Institutions
State Corporation Commission
1300 East Main Street, Suite 800
Post Office Box 640
Richmond, Virginia 23218-0640

I. GENERAL INFORMATION

NAME OF APPLICANT INSTITUTION AND MAILING ADDRESS

PROPOSED BRANCH LOCATION (street, city or town, and county, or other identification)

EXPECTED OPENING DATE

OFFICIAL RESPONDING TO QUESTIONS RELATING TO THIS APPLICATION (name, title, telephone number, and E-mail address)

II. QUARTERS

PROVIDE INFORMATION WITH RESPECT TO THE QUARTERS IN WHICH THE PROPOSED BRANCH WILL BE LOCATED. INDICATE WHETHER THE LAND AND/OR BUILDING WILL BE LEASED OR PURCHASED. INDICATE THE SIZE AND COST OF LAND AND BUILDING AND ASSOCIATED COSTS TO BE BORNE BY THE APPLICANT. SPECIFY **ALL** TRANSACTIONS AND ASSOCIATED COSTS TO BE BORNE BY THE APPLICANT. INDICATE ANY PLANS TO OPEN IN TEMPORARY QUARTERS, DESCRIBE SUCH QUARTERS AND GIVE ASSOCIATED COSTS.

NAME AND ADDRESS OF SELLER OR LESSOR

IS SELLER OR LESSOR RELATED IN ANY WAY TO THE APPLICANT?

_____ Yes (if yes, explain)

_____ No

ESTIMATED INVESTMENT IN FURNITURE, FIXTURES AND EQUIPMENT FOR THE PROPOSED BRANCH

\$ _____

III. FUTURE EARNINGS PROSPECTS

- A. INDICATE THE TYPE OF SERVICES TO BE OFFERED, INCLUDING PROPOSED SCHEDULE OF FEES FOR EACH SERVICE. PROVIDE AN ESTIMATE OF THE VALUE OF ASSETS AND NUMBER OF ACCOUNTS TO BE MANAGED IN THE FIRST, SECOND AND THIRD YEARS OF OPERATION, BY TYPE OF ASSET.

ESTIMATED INCOME AND EXPENSES *			
DESCRIPTION	FIRST YEAR	SECOND YEAR	THIRD YEAR
GROSS INCOME			
EXPENSES:			
Salaries and Employee Benefits			
Net occupancy expense			
Furniture and equipment			
Data Services			
Marketing and Advertising			
Insurance			
Legal			
Telephone and Postage			
Miscellaneous			
Net Preopering Expenses (first year only)			
TOTAL OPERATING EXPENSES			
NET OPERATING INCOME (LOSS) BEFORE TAXES			

* - an internally generated pro-forma statement may be substituted for this schedule.