

Application

Date

Licensing Manager, District
Comptroller of the Currency
Street Address
City, State, ZIP Code

Re: Fiduciary Powers, Bank Charter Number

Dear Licensing Manager:

We request approval to exercise (all permissible fiduciary powers or the following limited fiduciary powers): *(If appropriate, list fiduciary powers requested.)*

The bank's capital and surplus are not less than that required by state law of state banks, trust companies, and other corporations exercising comparable fiduciary powers.

The fiduciary powers we propose to exercise are not in contravention of applicable laws (see enclosed opinion of counsel and list of applicable laws) and will be conducted at the following location(s): *(insert site(s))*.

Biographical information on the proposed trust management personnel, including educational and professional credentials and five-year employment history, is enclosed.

[For banks chartered less than two years] We also have enclosed an operating plan for the trust department (fiduciary operation) for your review and comment.

We have enclosed a check payable to the Comptroller of the Currency for the filing fee in accordance with the current annual "Notice of the Comptroller of the Currency Fees."

We desire OCC action on this application no later than *(date)*.

I certify that the information contained in this filing has been examined carefully by me and is true, correct, and complete and is current as of the date of this submission. Additionally, I agree to notify the OCC if the facts described in the filing materially change prior to receiving a decision or at any time prior to commencement of the activity. I acknowledge that any misrepresentation or omission of a material fact constitutes fraud in the inducement and may subject me to legal sanctions provided by 18 USC 1001.

If you have questions, please contact *(name, address, city, state, ZIP Code)* at *(telephone number)* *(FAX number)*.

Sincerely,

Signature

Name and Title

Enclosures