

INTERAGENCY BANK MERGER APPLICATION

Check all that apply:

- | Type of Filing | Form of Transaction | Filed Pursuant To |
|---|---|--|
| <input type="checkbox"/> Affiliate/Corporate Reorganization | <input type="checkbox"/> Merger | <input type="checkbox"/> Section 18(c), FDIA |
| <input type="checkbox"/> Combination with Interim
Depository Institution | <input type="checkbox"/> Consolidation | <input type="checkbox"/> Section 5(d)(2), FDIA |
| <input type="checkbox"/> Nonaffiliate Combination | <input type="checkbox"/> Purchase and Assumption | <input type="checkbox"/> Section 5(d)(3), FDIA |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Branch Purchase and Assumption | <input type="checkbox"/> 12 U.S.C. 215, 215a |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Section 5(a), FDIA |

Applicant Depository Institution

Name	ID Number*	
<hr/>		
Street		
<hr/>		
City	State	Zip Code

Target Institution

Name	ID Number*	
<hr/>		
Street		
<hr/>		
City	State	Zip Code

Resultant Institution (if different than Applicant)

Name	ID Number*	
<hr/>		
Street		
<hr/>		
City	State	Zip Code

Contact Person

Name	Title/Employer	
<hr/>		
Street		
<hr/>		
City	State	Zip Code
<hr/>		
Telephone Number	Fax Number	

*Refers to charter, docket, certificate, or RSSD ID number from the OCC, OTS, FDIC, and FRB, respectively.