

**INTERAGENCY BANK MERGER APPLICATION**

**Check all that apply:**

- | <b>Type of Filing</b>   | <b>Form of Transaction</b>                              | <b>Filed Pursuant To</b>                       |
|---|---|--|
| <input type="checkbox"/> Affiliate/Corporate Reorganization                 | <input type="checkbox"/> Merger                         | <input type="checkbox"/> Section 18(c), FDIA   |
| <input type="checkbox"/> Combination with Interim<br>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**

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

**Target Institution**

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

**Resultant Institution (if different than Applicant)**

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

**Contact Person**

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|                  |                |          |
|------------------|----------------|----------|
| 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.