

**STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
1300 EAST MAIN STREET, SUITE 800
P.O. BOX 640
RICHMOND, VIRGINIA 23218-0640**

BOND FOR A TRUST COMPANY

Bond No. _____ **Amount \$** _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____ as principal, and _____ as surety, are bound unto the Commonwealth of Virginia in the penal sum of _____ (\$ _____), payable to the State Corporation Commission, for the payment of which we bind ourselves, or heirs, executors, administrators, successors and assigns, jointly and severally, by these presents:

WHEREAS, the above named principal has applied to the State Corporation Commission for authority to engage in business under the Trust Company Act, Virginia Code, Title 6.2, Chapter 10;

NOW THEREFORE, the conditions of this obligation are such that if the above named principal shall strictly comply with the provisions of said Act, all regulations and rules duly promulgated thereunder, and all other laws applicable to the conduct of its business, and shall pay and satisfy all loss, damage and liability suffered by or owing to the State Corporation Commission, or any person or entity dealing with the principal, on account of its violation of any such laws and regulations, or on account of the negligence, fraud, embezzlement or breach of trust by the principal or any of its officers, directors, or employees, then this obligation to be void, otherwise to remain in full force and effect.

In no event shall the aggregate liability of the surety exceed the penal sum specified herein. The surety shall have the right to terminate its obligation under this bond by written notification to the principal and the Commissioner of Financial Institutions at least ninety (90) days prior to the effective date of such termination. Obligations of the surety arising prior to such effective date shall not be affected by such termination.

WITNESS the following signatures and seals this day of _____,
_____.

Person executing for the surety
(other than corporate officers)
must attach the Power of Attorney
authorizing them to execute
bonds for the surety.

Principal-Print Name
By: _____(Seal)
Signature

Surety-Print Name
By: _____(Seal)
Signature

NAME, ADDRESS, AND TELEPHONE NUMBER OF A PERSON WITH THE SURETY TO
BE CONTACTED IN THE EVENT A CLAIM MUST BE FILED:

Name: _____ Title: _____

Address: _____

City: _____ State: _____

Zip: _____ Telephone Number: (____) _____