Telephone Number/E-mail Address

## APPLICATION BY A BANK TO ENGAGE IN THE TRUST BUSINESS PURSUANT TO TITLE 6.2, CHAPTER 8, ARTICLE 3 OF THE CODE OF VIRGINIA

Pursuant to the provisions of the Virginia Banking Act,	
(Name of Applicant)  [Mailing Address (City, State, Zip Code)]	
hereby applies to the State Corporation Commission for permiss	sion to engage in the trust business.
The following documents must be submitted with the a on 8½" x 11" paper:	pplication. Additional information and documents must be filed
3. A list of the personnel who will direct the proposed trus will assume and the amount of time each will devote to	ng that one of its purposes is to engage in the trust business. st department, detailing their qualifications for the positions they
The Bureau will review the application and accompant the application may be delayed if the application is incomplete.	ying materials for completeness upon receipt. <b>Investigation of</b> ete.
As a general rule, documents filed with the Bureau of request, the Bureau will consider for confidential treatment at considers of a proprietary and personal nature. The request frequested treatment, specifically demonstrating the harm (for exmay result from public release of the information. Informatic specifically identified in the public portion of the application separated and labeled "Confidential". The Bureau will advise the To view the entire Confidentiality Policy Statement of the Bureau or a related form, visit the Bureau's website at <a href="mailto:sec.virginia.gov/">sec.virginia.gov/</a>	For confidential treatment must discuss the justification for the example, loss of competitive position or invasion of privacy) that on for which confidential treatment is requested should be: (1) (by reference to the confidential section); and (2) specifically ne applicant if the request for confidentiality cannot be honored. au of Financial Institutions or to download this application form
Information about appeals: All applications are investig decisions are made by the Commissioner of Financial Instit Commission. In the event you wish to appeal either a determin of its investigation of your application or the Commissioner or request a formal review by the State Corporation Commiss (scc.virginia.gov/pages/Case-Information)	ation made by the Bureau of Financial Institutions in the course f Financial Institutions' decision on your application, you may
Inquiries concerning the preparation and filing of the Institutions, 300 East Main Street, Suite 800, Post Office Box 9690; FAX: (804) 371-9416.	nis application should be directed to the Bureau of Financial 640, Richmond, Virginia 23218-0640. Telephone: (804) 371-
CERTIFICATION	
The undersigned certifies that he/she has been duly a knowledge, information and belief, the facts as stated in this app	uthorized to file this application and that to the best of his/her olication and all accompanying materials are true.
Name (Type or Print)	Signature
Date	Title