

**APPLICATION FOR PERMISSION TO ACQUIRE VOTING SHARES OF A TRUST COMPANY
PURSUANT TO § 6.2-1023 OF THE CODE OF VIRGINIA**

INFORMATION AND INSTRUCTIONS

This application form must be filed by any person, as defined in § 6.2-100 of the Code of Virginia, seeking to acquire, directly or indirectly, 10 percent or more of the voting shares of a trust company. Additional information and documents must be submitted on **8½" x 11"** paper.

The following documents must be submitted with the application:

1. A check for \$7,000 payable to the Treasurer of Virginia.
2. A copy of related applications and documents filed or to be filed with federal agencies, if applicable.
3. A proxy statement, if available.
4. A properly executed, current (less than 90 days old) Personal Financial Report and Disclosure Statement form for each director and senior officer of the applicant and **each proposed new director and officer** of the trust company to be acquired on form CCB-1123. The report must be executed *with original signature(s)*. Personal Financial Report and Disclosure Statement forms are confidential.
5. An Employment and Business Affiliation Disclosure Form, CCB-1150, for each person required to file a Personal Financial Report and Disclosure Statement form.
6. Financial statements (audited, if available) for the last three years of the applicant and of the trust company to be acquired. If the applicant is an individual, he or she must submit a properly executed, current Personal Financial Report and Disclosure Statement form CCB-1123.
7. A copy of the executed acquisition agreement or executed merger plan.
8. A statement detailing the nature and scope of the proposed acquisition, including any proposed changes in the organization of the trust company and in products and services to be offered.
9. Certificate CCB-9901 showing compliance with § 6.2-1024 of the Code of Virginia, if applicable.

As a general rule, documents filed with the Bureau of Financial Institutions become part of the public record. Except as permitted or required by law, the following shall be kept confidential: Personal Financial Report and Disclosure Statements, other documents which disclose personal account information, and information which could endanger the safety and soundness of a depository institution. Upon request, the Bureau will consider for confidential treatment any other documents or portions of the application that the applicant considers of a proprietary and personal nature. The request for confidential treatment must discuss the justification for the requested treatment, specifically demonstrating the harm (for example, loss of competitive position or invasion of privacy) that may result from public release of the information. Information for which confidential treatment is requested should be: (1) specifically identified in the public portion of the application (by reference to the confidential section); and (2) specifically separated and labeled "Confidential." The Bureau will advise the applicant if the request for confidentiality cannot be honored.

To view the entire Confidentiality Policy Statement of the Bureau of Financial Institutions or to download this application form or a related form, visit the Bureau's website at <https://www.scc.virginia.gov/bfi>.

Inquiries concerning the preparation and filing of this application should be directed to the Bureau of Financial Institutions, 1300 East Main Street, Suite 800, Post Office Box 640, Richmond, Virginia 23218-0640. Telephone (804) 371-9690; FAX (804) 371-9416.

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**Bureau of Financial Institutions
State Corporation Commission
1300 East Main Street, Suite 800
Post Office Box 640
Richmond, Virginia 23218-0640**

The undersigned,

(Name of Applicant) FEIN (if Applicable)

(Address)

hereby applies to the State Corporation Commission pursuant to § 6.2-1023 of the Code of Virginia for permission to acquire direct or indirect ownership of at least _____ shares (_____ %) of the voting stock of:

(Corporate Title of Trust Company)

(Street Address)

(City, State and Zip)

The applicant currently holds _____ shares (_____ %) of the voting stock of this institution.

All inquiries concerning this application may be directed to: (Name, Mailing Address, Telephone Number and E-mail Address)

CERTIFICATION

The undersigned, being duly sworn, states that he/she has executed the foregoing application under § 6.2-1023 of the Code of Virginia; that he/she has authority to execute and file such application; and that to the best of his/her knowledge, information and belief, the application contains no misstatement of fact nor omits a material fact called for.

Name (Type or Print) _____
Signature

Title

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public

Registration Number of Notary: _____
My commission expires: _____