

**APPLICATION OF A SUBSIDIARY TRUST COMPANY
FOR A CERTIFICATE OF AUTHORITY TO BEGIN BUSINESS
PURSUANT TO TITLE 6.2, CHAPTER 10, ARTICLE 3 OF THE CODE OF VIRGINIA**

INFORMATION AND INSTRUCTIONS

This form is designed to elicit the minimum information needed by the State Corporation Commission to determine whether an applicant should be granted a certificate of authority to begin trust company business pursuant to Title 6.2, Chapter 10, Article 3 of the Code of Virginia. Additional information may be required in some cases, and the right to request such information is hereby reserved. This form is not intended to limit the presentation of the proposal, and the applicant may submit any additional information it considers pertinent. When space allowed is insufficient, a separate page should be used. Additional information and/or documents must be submitted on 8 ½" x 11" paper.

The following documents must be submitted with the application:

1. A check for \$10,000 payable to the Treasurer of Virginia.
2. The oath of office of each director on form CCB-1140.
3. A certification on form CCB-1117 by each director that he/she has read the booklet prepared by the Bureau of Financial Institutions concerning his/her responsibilities.
4. A properly executed, current (less than 90 days old) Personal Financial Report and Disclosure Statement form for **each director and officer** 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 director and officer.
6. A list of locations where the applicant proposes to conduct business. The list should show the mailing address, the name of the county or city if different than the mailing address, and the name of the applicant's affiliated bank conducting business at such location(s) or the distance of the closest authorized banking office of the applicant's affiliated bank from the proposed location(s).
7. A résumé of the proposed chief executive officer.
8. A statement showing the types of insurance to be obtained, insurance coverage, and deductible amount.

The Bureau will review the application and accompanying materials for completeness upon receipt. **Investigation of the application may be delayed if the application is incomplete.** Therefore, full and complete answers should be given at the outset of the application process.

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 scc.virginia.gov/pages/Bureau-of-Financial-Institutions.

Information about appeals: All applications are investigated by the Bureau of Financial Institutions. Certain application decisions are made by the Commissioner of Financial Institutions under delegated authority from the State Corporation Commission. In the event you wish to appeal either a determination made by the Bureau of Financial Institutions in the course of its investigation of your application or the Commissioner of Financial Institutions' decision on your application, you may request a formal review by the State Corporation Commission in accordance with its Rules of Practice and Procedure (scc.virginia.gov/pages/Case-Information)

Inquiries concerning the preparation 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.

**APPLICATION OF A SUBSIDIARY TRUST COMPANY
FOR A CERTIFICATE OF AUTHORITY TO BEGIN BUSINESS
PURSUANT TO TITLE 6.2, CHAPTER 10, ARTICLE 3 OF THE CODE OF VIRGINIA**

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

I. GENERAL INFORMATION

CORPORATE NAME AND ADDRESS OF APPLICANT	DATE OF INCORPORATION
---	-----------------------

PROPOSED MAIN OFFICE LOCATION (Street Address, City or Town and County or other identification)

AMOUNT AND SHARES AUTHORIZED BY ARTICLES OF INCORPORATION

Number of Shares: _____ Par Value: \$ _____ Amount: \$ _____

TOTAL SUBSCRIPTIONS	NUMBER OF SHARES SUBSCRIBED	SUBSCRIPTION PRICE
\$ _____	_____	\$ _____

PROPOSED CAPITAL STRUCTURE

CAPITAL STOCK	SURPLUS	RESERVES	TOTAL CAPITAL
\$ _____	\$ _____	\$ _____	\$ _____

SUBSCRIBER(S) NAME(S) AND ADDRESS(ES)

OFFICIAL RESPONDING TO QUESTIONS RELATING TO THIS APPLICATION (Name, Mailing Address, Telephone Number, and E-mail address)

II. QUARTERS

IF THE APPLICANT WILL CONDUCT BUSINESS OUTSIDE AUTHORIZED BANK OFFICES OF ITS AFFILIATED BANKS(S), SPECIFY ALL TRANSACTIONS AND ASSOCIATED COSTS IN LEASING OR PURCHASING QUARTERS.

III. FUTURE EARNINGS PROSPECTS

ESTIMATED AMOUNT

DESCRIPTION	YEAR 1	YEAR 2	YEAR 3
INCOME FROM FIDUCIARY ACTIVITIES:			
Estates			
Personal			
Investment Advisory			
Managed Employee Benefits			
Non-Managed Employee Benefits			
Custody			
Corporate Services			
Land Trusts			
All Other Fiduciary Activities			
INTEREST INCOME			
ALL OTHER INCOME			
TOTAL INCOME			
EXPENSES:			
Salaries and wages			
Net occupancy expense			
Furniture and equipment (deprec., rental, etc.)			
Miscellaneous			
TOTAL EXPENSES			
ESTIMATED NET PROFIT (OR LOSS)			

IV. MANAGEMENT

LIST THE DIRECTORS AND OFFICERS OF THE APPLICANT.

NAME	TITLE	RESIDENCE (City or County & State)

CERTIFICATION

The undersigned certifies that he/she has executed the foregoing application under Title 6.2, Chapter 10, Article 3 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 and all accompanying schedules and statements contain no misstatement of fact and do not omit any material fact called for.

Name (Type or Print)

Signature

Date

Title