APPLICATION OF A VIRGINIA BANK TO ESTABLISH A BRANCH

INFORMATION AND INSTRUCTIONS

This application form is designed to obtain information required by the Bureau of Financial Institutions in order to determine whether a particular bank may establish a branch office pursuant to Title 6.2 of the Code of Virginia. Additional information may be required in some cases, and the right to request such information is hereby reserved. When space allowed is insufficient, a separate 8½" X 11" page should be used. A check for \$900, payable to the Treasurer of Virginia, must accompany the application.

Attach an estimate of deposits and a pro-forma income statement of the proposed branch for each of the first three years of operation or complete page 3 of this application.

If this application is filed in connection with an acquisition of a branch office and its deposits from another depository institution, submit a copy of the federal application.

The Bureau of Financial Institutions will process a complete application within thirty days of receipt, unless extended for an additional thirty days.

As a general rule, documents filed with the Bureau of Financial Institutions become part of the public record. Upon request, the Bureau will consider for confidential treatment any 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 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].

CERTIFICATION The undersigned certifies that he/she has been duly authorized to file this application and believes the facts contained in this application and all accompanying schedules and statements are true. SIGNATURE NAME **TITLE**

DATE

APPLICATION OF A VIRGINIA BANK TO ESTABLISH A BRANCH

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

I. GENERAL INFORMATION		
NAME OF APPLICANT INSTITUTION AND MAILING ADDRESS		
PROPOSED BRANCH LOCATION (street, city or town, and county, or of	her identification)	EXPECTED OPENING DATE
OFFICIAL RESPONDING TO QUESTIONS RELATING TO THIS APPLICATION (name, title, telephone number, and E-mail address)		
T. OU DEPTH		
II. QUARTERS		
PROVIDE INFORMATION WITH RESPECT TO THE QUARTERS IN WHICH THE PROPOSED BRANCH WILL BE LOCATED. INDICATE WHETHER THE LAND AND/OR BUILDING WILL BE LEASED OR PURCHASED. INDICATE THE SIZE AND COST OF LAND AND		
BUILDING AND ASSOCIATED COSTS TO BE BORNE BY THE APPLICANT. SPECIFY <u>ALL</u> TRANSACTIONS AND ASSOCIATED COSTS		
TO BE BORNE BY THE APPLICANT. INDICATE ANY PLANS TO OPEN IN TEMPORARY QUARTERS, DESCRIBE SUCH QUARTERS		
AND GIVE ASSOCIATED COSTS.		
NAME AND ADDRESS OF SELLER OR LESSOR		
IS SELLER OR LESSOR RELATED IN ANY WAY TO THE	ESTIMATED INVESTMENT IN	FURNITURE FIXTURES AND
APPLICANT?	EQUIPMENT FOR THE PROPOSE	
Yes (if yes, explain)		
	\$	_
No		

III. EARNINGS PROSPECTS A. ESTIMATED DEPOSITS DESCRIPTION FIRST YEAR* SECOND YEAR* THIRD YEAR* Year-end Demand (non-interest bearing) Year-end Interest Bearing Deposits Year-end Total Deposits Average Demand (non-interest bearing) Average Interest Bearing Deposits Total Average Deposits B. ESTIMATED INCOME AND EXPENSES DESCRIPTION FIRST YEAR* SECOND YEAR* THIRD YEAR* GROSS INCOME (@ % of estimated average deposits) EXPENSES: 1. Interest on deposits 2. Salaries and benefits 3. Net occupancy expense (details below) 4. Furniture and equipment (deprec., rental, etc.) 5. Advertising 6. Telephone 7. Legal 8. Postage 9. Computer services 10. Miscellaneous 11. Net preopening expenses (first year only) TOTAL ESTIMATED EXPENSES ESTIMATED PRETAX NET PROFIT (OR LOSS) OCCUPANCY: Rent Depreciation Maintenance (including building staff salaries) Insurance Taxes on real estate Utilities (heat, light, power, etc.) Other occupancy expenses Total Occupancy expense Less: Rental Income Net Occupancy Expense (should agree with line 3)

^{*} Based on a twelve month operating period