

Request for FCA Approval of a Plan to Merge Banks
Transmittal Sheet

Districts _____

Coordinator's Name and Address: _____

Coordinator's E-Mail Address
Coordinator's Telephone No.
Coordinator's Fax No. _____

Coordinator's Name, Telephone No. and E-Mail Address for Financial Forecasts (if a different person)

Name

Telephone Number

E-Mail Address

Information on Constituent Banks:

Bank Name: _____
CEO Name: _____
Mailing Address: _____

City, State, Zip: _____
E-Mail Address: _____
Telephone Number: _____
Fax Number: _____

Board Chairman Name: _____
Mailing Address (if home address preferred): _____

City, State, Zip: _____

Bank Name: _____
CEO Name: _____
Mailing Address: _____

City, State, Zip: _____
E-Mail Address _____
Telephone Number _____
Fax Number _____

Board Chairman Name: _____
Mailing Address (if home address preferred): _____

City, State, Zip: _____

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Proposed legal name of the continuing or resulting bank:

Designated headquarters location (City/County/State):

Name of CEO of the continuing or resulting bank:

Date of request to FCA for preliminary approval: _____

Proposed dates of stockholders' meetings: _____

Proposed effective date of the merger: _____

Include a map showing the resulting territory and associations to be served under Tab 7, item 25, exhibit 2.

Do any of the constituent banks have any other requests pending action by the FCA Board as of the date this application was submitted?

Yes: _____ No: _____

If yes, please specify nature of the request and the date it was submitted to the FCA:
