

APPLICATION TO CHANGE LOCATION OF  
MAIN OFFICE OR BRANCH



STATE OF OKLAHOMA  
STATE BANKING DEPARTMENT

NAME OF APPLICANT \_\_\_\_\_

ADDRESS OF MAIN OFFICE:

STREET \_\_\_\_\_ CITY \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PRESIDENT OR VICE PRESIDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTEST: CASHIER OR SECRETARY

\_\_\_\_\_  
DATE

CHANGE IN LOCATION OF \_\_\_\_\_ Main Office  
\_\_\_\_\_ Branch

**APPLICATION IS HEREBY MADE TO CHANGE THE LOCATION OF THE FACILITY IDENTIFIED ABOVE**

**FROM:**

STREET \_\_\_\_\_ CITY \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**TO:**

STREET \_\_\_\_\_ CITY \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**CHANGE IN LOCATION OF MAIN OFFICE:**

NEW NAME (if contemplated) \_\_\_\_\_

DISTANCE FROM PRESENT LOCATION: \_\_\_\_\_

**CHANGE IN LOCATION OF BRANCH:**

DISTANCE FROM PRESENT LOCATION \_\_\_\_\_

**REASONS FOR THE PROPOSED RELOCATION:**

In the space below or in an attachment, state the reasons for relocating the subject office, including a description of the new market to be served, if applicable, and the effect on the existing market. If this proposal is to relocate a main office to a market that is substantially different or considerably removed in distance from the existing market, explain the basis for management's decision to file this application.

**IF THIS APPLICATION IS APPROVED, THE BANK ANTICIPATES THE PROPOSED RELOCATION TO HAPPEN ON OR BEFORE \_\_\_\_\_.**

**THIS APPLICATION \_\_\_\_\_ IS \_\_\_\_\_ IS NOT ACCOMPANIED BY AN APPLICATION TO RETAIN THE CURRENT MAIN OFFICE LOCATION AS A DE NOVO BRANCH.**

RESOLUTION OF STOCKHOLDERS OF APPLICANT BANK  
(Main office relocations only)

The stockholders of the applicant bank, at a meeting duly called and held on \_\_\_\_\_ adopted the following resolution by a majority vote of the outstanding voting stock:

WHEREAS, it is for the purpose of this meeting that application should be made on behalf of this bank to the Bank Commissioner for approval to move its main office now being operated at

\_\_\_\_\_ to \_\_\_\_\_

in accordance with the provisions of the Oklahoma State Banking Code.

NOW THEREFORE, IT IS RESOLVED, that the President or Vice President and the Cashier or Secretary of this bank are hereby authorized and directed to make application on behalf of this bank to the Bank Commissioner to move its main office as indicated above, and to submit to the Bank Commissioner in connection therewith information on the several matters enumerated in this application and to provide the Bank Commissioner such assurances as may be required by him for approval, subject to the standards prescribed therein.

The above resolution has not been rescinded or modified and has been duly entered in the minute book of the applicant bank.

It is requested that an examiner for the State Banking Department be assigned to conduct an investigation and/or examination, if such is deemed appropriate by the Bank Commissioner.

\_\_\_\_\_  
Name of Bank

By: \_\_\_\_\_  
President or Vice President

Date: \_\_\_\_\_

Attest: \_\_\_\_\_  
Secretary or Cashier

**REQUESTS FOR ADDITIONAL INFORMATION OR OTHER COMMUNICATIONS ABOUT THIS APPLICATION SHOULD BE DIRECTED TO:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## FIXED ASSET EXPENDITURES

### TEMPORARY FACILITY

Are temporary quarters anticipated? \_\_\_\_\_ Yes. \_\_\_\_\_ No. If yes, complete the following:

Street Address \_\_\_\_\_

Distance from the Permanent Facility: \_\_\_\_\_ (Note, this address must be within 1,000 feet of the location of the proposed permanent branch, and this temporary branch must be scheduled to permanently close not later than 1 year after the temporary branch is first opened.)

Description of Temporary Facility: \_\_\_\_\_

Total Cost or Monthly Rental of Temporary Facility: \_\_\_\_\_

### PERMANENT FACILITY

Description of Facility

This facility will be _____ Owned _____ Leased		TOTAL COST
IF OWNED	Land	
	Building	
	Furniture and Equipment	
	TOTAL FIXED ASSET EXPENDITURE	
IF LEASED	Leasehold Improvements	
	Furniture and Equipment	
	TOTAL FIXED ASSET EXPENDITURE	

**Terms of Lease** (Include renewal or purchase options) NOTE: If no formal lease had been entered into, outline below or in an attachment the Applicant's plans for providing a facility and its plans for arriving at the terms and conditions of a future feasible lease agreement. If an insider is a party to any lease contract submitted in connection with this application, explain the manner in which lease payments were determined. *Submit an executed copy of lease or other contract for the confidential use of the State Banking Department.*

If the proposed new location will be on real property owned by the bank, has Applicant obtained the prior written approval of the Commissioner to purchase the real estate as required by Title 6 O.S. Section 414(A)(4)? \_Yes. \_\_\_\_\_ No. If yes, attach a copy of the letter. If no, then attach a letter requesting approval to purchase the real estate. This letter should provide the legal description and street address of the property and the projected purchase price. Also provide the current general ledger balances of fixed asset accounts and Tier 1 capital plus loan loss allowance.

## STATUTORY AND REGULATORY FACTORS

1. Main office relocation. If this proposal involves the relocation of the applicant's main office, Title 6 O.S. section 406.B requires approval of the shareholders owning a majority of the bank's outstanding voting stock prior to submission of the application. In the space below or in an attachment, indicate how the proposal complies with applicable relocation statutes.

*(attach evidence of shareholder approval)*

2. Branch relocation. In the space below or in an attachment, indicate how the proposal complies with applicable state law governing the relocation of branch offices (see Title 6 O.S. Section 501.2 and Banking Board Rule 85:10-9-2).

3. Will the bank's certificate of incorporation be amended as a result of this proposal?

\_\_\_\_\_ Yes. \_\_\_\_\_ No.

4. Will the projected cost of the facility result in an investment in fixed assets that exceeds the limit of Title 6 O.S. Section 414(A)?

\_\_\_\_\_ Yes. \_\_\_\_\_ No.

5. Will the projected cost of the facility result in an investment in fixed assets that exceeds the limitation imposed by a letter previously issued to your bank by this office under Title 6 O.S. Section 414(A)?

\_\_\_\_\_ Yes. \_\_\_\_\_ No.

If yes to either (4) or (5), attach a letter requesting approval of the excess investment (see Title 6 O.S. Section 414(A)). This letter should indicate the projected costs of land, building, equipment, capitalized leases and/or leasehold improvements for the proposed relocated office, current general ledger balances of fixed asset accounts, including property acquired for future expansion, and all booked and unbooked portions of construction accounts.

6. Will the bank own the building and lease space to others for non-bank use?

\_\_\_\_\_ Yes. \_\_\_\_\_ No. If yes, indicate the approximate percentage of total building space to be leased to others: \_\_\_\_\_.

7. Describe how the bank proposes to finance the cost of the banking house or other fixed assets in connection with the application, other than carrying same as a bank asset. If a loan is involved, provide details.

8. Describe the bank's plans for its present premises (e.g., if premises will be sold, provided estimated sale price; if leased, provide details regarding terms of the lease).

## RELATIONSHIPS AND ASSOCIATIONS WITH APPLICANT

Are any architects, real estate brokers, the sellers or lessors of land, buildings or equipment otherwise directly or indirectly associated with the applicant? \_\_\_\_Yes. \_\_\_\_ No. If yes, complete the following table.

NAME	ITEM (Mark Appropriate Column)			RELATIONSHIP OR ASSOCIATION WITH APPLICANT (Specify Director, Officer, 5% Stockholder, or their relatives. Designate any business interests of the aforementioned.)
	Land	Building	Equipment	

If fixed are to be purchased from a related party, evidence of the reasonableness of the cost(s) must be provided. Attach copies of recent bids, independent appraisals, or comparable purchases or leases in the area and/or other supporting evidence for the confidential use of the State Banking Department. Also attach a copy of the board resolution approving details of the transaction with the related party.

## FEES PAID IN CONNECTION WITH THE APPLICATION

NAME OF RECIPIENT	TYPE OF FEES PAID (Mark Appropriate Column)			RELATIONSHIP OR ASSOCIATION WITH APPLICANT (Specify Director, Officer, 5% Stockholder, or their relatives. Designate any business interests of the aforementioned.)	AMOUNT
	Legal	Consulting	Other		

**OUTLINE CHANGES IN SENIOR MANAGEMENT WHICH HAVE OCCURRED SINCE THE LAST EXAMINATION.**

**ATTACH TO THIS APPLICATION A BALANCE SHEET FOR APPLICANT AS OF THE MOST RECENT MONTH END.**

**INDICATE THE AMOUNT OF FIXED ASSETS SHOWN ON PAGE 3 OF THIS APPLICATION WHICH ARE ALREADY CAPITALIZED AND INCLUDED ON THE ATTACHED BALANCE SHEET.**

## FUTURE EARNINGS PROSPECTS DATA

### ESTIMATED AVERAGE DEPOSITS FOR THE PROPOSED FACILITY

INSTRUCTIONS: Average deposits for the second, third and fourth years are computed by adding figures at the end of the preceding year to the totals at the end of the subject year and dividing by two. Round all amounts to nearest thousand.

DESCRIPTION	AVERAGE DURING			
	1 <sup>ST</sup> YEAR	2 <sup>ND</sup> YEAR	3 <sup>RD</sup> YEAR	4 <sup>TH</sup> YEAR
AVERAGE DEPOSIT VOLUME:				
A. Demand deposits				
B. Interest bearing deposits				
<b>Total estimated average deposit volume (A plus B)</b>				

### ESTIMATED INCOME AND EXPENSES FOR THE PROPOSED FACILITY

INSTRUCTIONS: Gross income is calculated by multiplying the estimated average deposit volume above by the bank-wide rate of gross earnings to average assets for the latest available year. ANY DEPARTURE FROM THIS FORMULA MUST BE EXPLAINED IN THE COMMENTS SECTION ON PAGE 7. Round all amounts to nearest thousand.

DESCRIPTION	ESTIMATED AMOUNT			
	1 <sup>ST</sup> YEAR	2 <sup>ND</sup> YEAR	3 <sup>RD</sup> YEAR	4 <sup>TH</sup> YEAR
<b>1. Gross Income (@ %)</b>				
EXPENSES:				
Salaries and employee benefits				
Interest on time and savings deposits (@ %)				
Net occupancy expense (details on page 7)				
Furniture and equipment (depreciation, rental, etc.)				
Provision for loan losses				
Other operating expenses:				
Advertising				
Stationery and supplies				
Telephone				
Legal fees				
Postage				
Computer services				
Assessments by regulatory authorities				
Miscellaneous				
<b>2. Total Estimated Expenses</b>				
<b>ESTIMATED NET PROFIT OR (LOSS) (Line 1 less Line 2)</b>				

**ESTIMATED INCOME AND EXPENSES FOR THE PROPOSED FACILITY (Continued)**

DESCRIPTION	1 <sup>ST</sup> YEAR	2 <sup>ND</sup> YEAR	3 <sup>RD</sup> YEAR	4 <sup>TH</sup> YEAR
OCCUPANCY EXPENSES:				
Rent				
Depreciation				
Utilities (gas, electricity, and power)				
Maintenance (including janitor's salary)				
Insurance				
Real estate taxes				
Other occupancy expenses				
If leased - (a) leasehold improvements				
- (b) furniture and equipment				
<b>TOTAL OCCUPANCY EXPENSES</b>				
Less: Rental income anticipated				
<b>Net Occupancy Expense (Should agree with the amount shown on page 6)</b>				

COMMENTS: