APPLICATION FOR AUTHORITY TO EXERCISE TRUST POWERS

(Title 6 O.S. § 407) (O.A.C. § 85:10-3-14)



OKLAHOMA STATE BANKING DEPARTMENT 2900 N. LINCOLN BLVD. OKLAHOMA CITY, OKLAHOMA 73105

Name of Applicant				
Address (Main Office)				
	Street	City	State	Zip
Date of Application				
ABOU	ADDITIONAL INFOR TT THIS APPLICATIO	N SHOULD BE D	IRECTED TO:	
Name		Title		
Address				
Street	City	State		Zip
10-Digit Phone No.	E	-mail Address		

The above-named bank (the "Bank") hereby submits this Application to be considered by the Oklahoma State Banking Commissioner for the purpose of exercising trust powers.

1.	Provide the names and titles of proposed officers of the trust department.							
	Name:			Title: _				
	Name:			Title: _				
	Name:			Title: _				
	Name:			Title: _				
2.	Biographical and Financial Report. Provide a Biographical and Financial Report for each person identified in item 1.							rson
3.	Will legal counsel be available to provide advice on fiduciary matters? ☐ Yes. ☐ No. If yes, provide the name of legal counsel:							
4.	. Qualifications of Proposed Management. On a separate document, describe the qualifications of the individuals listed above. Include the nature and extent of experience each has in providing the fiduciary services or serving in the roles indicated. The description must also include evidence of the character, financial responsibility and ability of management and the experience each person has in providing proposed services or serving the proposed market.							g the
5.	<u>Description of Market</u> . On a separate document, describe (1) the adequacy (or lack thereof) of existing trust services in the proposed market; (2) the economic and competitive conditions in the proposed market; and (3) the likelihood of successful operation of the proposed trust department						n the	
6.	Premises to be Occupremises? ☐ Ye buy/build/lease addi	s. \square No. If	no, please	describe	in detail w	hether the	Bank plan	ns to
7.	Current capital of the Institution:							
	Capital Stock	\$						
	Surplus	\$						
	Undivided Profits	\$						
	Total Capital	\$						

- 8. Attach a comprehensive business plan for the trust department. The business plan must include, at a minimum, a detailed explanation of the following:
 - a. Types of fiduciary arrangements for which the Institution will serve as trustee. Please review Title 6 Okla. Stat. § 1001 for a list of permissible fiduciary arrangements;
 - b. The amount of the fidelity bond and deductible(s) to be maintained by the Bank;
 - c. The source(s) of capital and how the Bank will initially fund its operational expenses (including expenses associated with premises, salaries, vendors, day-to-day operations, *etc.*);
 - d. The projected quarterly growth of the trust department during the first 3 years;
 - e. Identity of any additional vendors that will be used by the trust department;
 - f. A marketing plan for the trust department;
 - g. Include the following policies:
 - i. Policy regarding administration of fiduciary accounts
 - ii. Information Technology policy
 - iii. Bank Secrecy Act Policy
- 9. Attach the proposed amendment to the Bank's certificate of incorporation indicating the Bank may exercise trust powers and any amendment to the Bank's name if approved to exercise trust powers.
- 10. Attach any proposed amendments to the Bank's bylaws.
- 11. Attach a copy of a resolution approving the Bank's application for trust powers adopted by a majority of the Bank's outstanding voting stock and verified by the president or cashier.
- 12. On a separate page(s), provide any additional details or comments pertinent to this Application.
- 13. This Application and all attachments must be submitted in pdf format to the following email address: correspondence@banking.ok.gov. Upon submission, an invoice for the Application fee (\$1,500) will be sent to the email address identified on page 1.

(Print Name)	(Title)	(Signature)