APPLICATION TO ESTABLISH A LOAN PRODUCTION/DEPOSIT PRODUCTION OFFICE

(Title 6 O.S. § 424) (O.A.C. § 85:10-9-7)



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

| Name of Applicant | | | | | |
|-------------------------|--------|------|-----------------------------------|-------|--------|
| Address (Main Office) | | | | | |
| | Street | Ci | ty | State | Zip |
| Date of Application | | | | | |
| REQUESTS FOR A ABOUT | | | ON OR OTHER CO. ULD BE DIRECTE | | ATIONS |
| Vame | | | Title | | |
| Address | | | | | |
| Street | | City | State | | Zip |
| 0 Digit Telephone No | | | 10 Digit Foy N | No | |
| 8 | * | | TO Digit Fax | 10. | |

Answer all parts of this application. If additional space is needed, please supplement with additional pages and with a clear reference in the space provided to the supplemental page(s). If any part of the application does not apply, write "n/a".

| at the office: nk. customer. at the office: | | Zij |
|--|--------|-----|
| nk. omers. customer. at the office: | | |
| nk. omers. customer. at the office: | | |
| nk. omers. customer. at the office: | | |
| omers. customer. at the office: | | |
| omers. customer. at the office: | | |
| customer. | | |
| at the office: | | |
| at the office: | | |
| | | |
| houle | | |
| homle | | |
| bank. | | |
| stomers. | | |
| rs. | | |
| ne bank. | | |
| : | | |
| | | |
| ation: | | |
| | | |
| | | |
| | | |
| | ation: | : |

| Will a loan officer be placed at the location? Yes No If yes, will the loan officer make recommendations for approval/disapproval o applications? Yes No |
|---|
| How will applicants be informed of approval/disapproval of their loan or deposit adapplications? Approval: |
| Disapproval: |
| Where will loan documents be signed? |
| How and where will applicants receive loan proceeds? |
| How will deposit customers be instructed to make their deposits? |
| When will the customer's funds be accepted and booked as a deposit in the bank? |
| What disclosures will the bank provide to customers concerning when their prosp deposits become insured by the FDIC? |

| What method(s) will be utilized or made available to customers to deliver deposits? Check one or more as may be applicable. For each method checked, attach a description of how each will be handled by bank personnel, i.e., what involvement bank personnel will have in the method checked. | | | | | | |
|---|--|--|--|--|--|--|
| U.S. Post Office Private Courier Service | | | | | | |
| Express Service Other | | | | | | |
| If utilizing a private courier service, who will contract with the courier service? | | | | | | |
| Describe how prospective deposits will be handled? | | | | | | |
| Does the bank, bank's holding company, or an affiliate own the courier service? Yes No. If yes, explain: | | | | | | |
| | | | | | | |
| Who will bear the risk of loss on prospective deposits while out of the customer's control and in transit or waiting to be picked up by the courier service? | | | | | | |
| | | | | | | |
| Securely email a completed electronic copy of this application to: correspondence@banking.ok.gov | | | | | | |
| An invoice will be emailed within 5 business days of receipt, reflecting the application fee of \$500 and will include instructions for paying using the Oklahoma State Banking Department's ACH Payment System. For any questions, please call 405-521-2782. | | | | | | |
| It is hereby certified that all representations and information in this application and any other document submitted in connection with this application contain no misrepresentations or omissions of material facts. | | | | | | |
| Printed Name | | | | | | |
| Signature | | | | | | |
| Title (must be president, CEO, or other authorized officer) | | | | | | |