## Board of Governors of the Federal Reserve System

Pate of Application:			
Month / Day / Year			
BA Number:			
and	will merge or consolidate on	Date (MM/DD/	YYYI
ndicate whether the total consolidated assets of the surviv ne merger or consolidation:	-	_	
For surviving commercial banks:			
The anticipated post-merger capital and surplus of	equals \$ Surviving Member Bank	•	
		nounts in Thou	
Common stock Surplus (exclude all surplus related to preferred stock) ess: Retained earnings, accumulated other comprehens			
Common stock Surplus (exclude all surplus related to preferred stock) Less: Retained earnings, accumulated other comprehens such combined amount is negative	\$\$ 		
Common stock Surplus (exclude all surplus related to preferred stock) _ess: Retained earnings, accumulated other comprehens such combined amount is negative TOTAL For surviving mutual savings banks:	sive income <sup>1</sup> , and other equity capital components if		
Common stock Surplus (exclude all surplus related to preferred stock) Less: Retained earnings, accumulated other comprehens such combined amount is negative TOTAL For surviving mutual savings banks: The anticipated post-merger total deposit liabilities of	sive income <sup>1</sup> , and other equity capital components if		
Common stock Surplus (exclude all surplus related to preferred stock) Less: Retained earnings, accumulated other comprehens such combined amount is negative TOTAL For surviving mutual savings banks: The anticipated post-merger total deposit liabilities of ix percent of the above capital and surplus equal to \$	\$		
Common stockSurplus (exclude all surplus related to preferred stock) Less: Retained earnings, accumulated other comprehenses such combined amount is negative			
Common stockSurplus (exclude all surplus related to preferred stock) Less: Retained earnings, accumulated other comprehenses such combined amount is negative			

4. Cross out item 2 if application is for an increase in holdings of Federal Reserve Bank stock; cross out item 1 if the application is for a reduction in holdings of Federal Reserve Bank stock.

## This application should be sent to the FEDERAL RESERVE BANK of your district.

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time to gather and maintain data in the required form and to review instructions and complete the information collection. Send comments regarding this burden estimate or any other aspect of this collection of Governors of the Federal Reserve System, Washington, DC 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100 -0042), Washington, DC 20503. The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to a collection of information unless it displays a currently valid OMB control number.

We have read this form and certify that to the best of our knowledge and belief the information given is true, accurate, and complete.

Legal Name of Bank	City or Town	State	
ABA Number			
By: Name of President, Chief Financial Officer or Vice President	Attest: Name of Cashier, Treasurer, or Secretary		
Signature of President, Chief Financial Officer or Vice President	Signature of Cashier, Treasurer,	Signature of Cashier, Treasurer, or Secretary	

NOTE: One of the signers of the form must be listed on the bank's Official Authorization List (OAL) that is on file with the Federal Reserve and hold one of the titles identified. It is recommended that banks periodically review and update this form. Instructions for submitting Board Resolution and Authorized Approver packages are available online at https://www.frbservices.org/forms/accounting/index.html.