



STATE OF MONTANA

DIVISION OF BANKING & FINANCIAL INSTITUTIONS

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APPLICATION FOR CONVERSION OF AN EXISTING NATIONAL-CHARTERED BANK TO A STATE-CHARTERED BANK

Pursuant to Chapter 1 of Title 32, MCA, we the undersigned proposed incorporators request to reorganize

_____ as a state-chartered

(Existing Name of Bank)

bank to be known as _____ located

(New Name of Bank)

(Complete Address of Bank)

We submit the following for your information in support of this request.

I. ORGANIZATIONAL INFORMATION

1. A list of the names and addresses of all shareholders of the new bank.
2. A list of the names, positions and qualifications of the principal officers of the new bank.
3. A list of the names and qualifications of all directors of the new bank.
4. Proposed Articles of Incorporation and Bylaws of the new bank.
5. Evidence of required consent of stockholders representing two-thirds of outstanding capital stock (32-1-374, MCA).
6. Copy of the letter notifying OCC of the bank's intention to convert to state charter.
7. If a change in control is involved, a copy of the appropriate application filed with the Federal Reserve System or the Federal Deposit Insurance Corporation.

II. FINANCIAL INFORMATION

1. A copy of the most recent directors' audit report.
2. A copy of the bank's most recent problem loan report.
3. A letter from the bank's attorney describing all litigation in which the bank is involved as a defendant, including an assessment of the bank's loss exposure.
4. Balance sheet and income statement for year end and current daily statement.

III. OTHER INFORMATION

1. If the bank's building or land is or will be leased, a copy of the lease agreement.
2. If bank intends to operate as a member of the Federal Reserve System, a copy of the application filed with that agency.
3. Affidavit of publication for four consecutive weeks in the newspaper the directors select. (32-1-374, MCA).
4. If applicable, a copy of the printed notice sent to all nonvoting or dissenting stockholders. (32-1-374, MCA).

NAMES OF INCORPORATORS

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

APPLICATIONS CAN BE SENT VIA E-MAIL (PREFERRED) OR BY MAIL

EMAIL: Banking@mt.gov

REGULAR MAIL:

Division of Banking & Financial Institutions
P.O. Box 200546
Helena, MT 59620-0546

OVERNIGHT MAIL:

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