

**Notice of Intent to Establish a Branch  
within West Virginia  
through Interstate Merger with a West Virginia Bank**  
(Pursuant to WV Code §31A-8D, et.seq.)

**Name of Surviving Bank:** \_\_\_\_\_

**Address of Headquarters:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Branches to be established:**

Number of offices to be established in West Virginia: \_\_\_\_\_

As per instructions, for each office, we need physical and mailing address, telephone and fax numbers, managing officer's name and title, corporate contact person to receive official correspondence from the Division of Banking and the proposed effective date the office will become a branch of an out-of-state bank.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional pages if necessary

Will the deposits of the resulting institution be insured by the **FDIC**? \_\_\_\_\_

**Timing of notice:**

Primary regulator(s):

If a state chartered bank will be the surviving bank, list state in which application for merger was filed or, if a national bank will be surviving, list the regional office of the Comptroller of the

Currency where the application was filed: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Proposed Consummation Date for the Merger: \_\_\_\_\_

**Capitalization of Surviving Bank (Post merger, proforma anticipated capital levels)**

Total Equity Capital (dollars) \_\_\_\_\_

Tier 1 leverage capital ratio (using federal guidelines) \_\_\_\_\_

Tier 1 risk based capital ratio (using federal guidelines) \_\_\_\_\_

**Deposit control:**

Upon consummation of the proposed merger, what dollar amount of West Virginia deposits will the surviving bank and all affiliated institutions control? \_\_\_\_\_

**Compliance with West Virginia law:**

Have you consulted with legal counsel regarding those West Virginia laws which must be complied with in the operation of your West Virginia branch offices? \_\_\_\_\_

Name and address of legal counsel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State-chartered banks:**

Provide a copy of your WV Certificate of Authority or Certificate of Good Standing.  
Provide a copy of your West Virginia Business Registration Certificate.

**National banking associations:**

Provide a copy of your West Virginia Business Registration Certificate.

**If such certificates have not been received, please photocopy your filing documents and attach.**

**Fee:**

Please enclose a check with this notice payable to the West Virginia Division of Banking in the amount of \$250.00.

Complete Certification which follows.

## *Certification*

*I certify that the above statements are true to the best of my knowledge and belief. I also certify that as long as this banking institution maintains a branch in West Virginia, it will comply with all applicable laws in the state, including consumer protection laws and any acquisition deposit limitations, as well as maintenance of deposit insurance and capital requirements in the same manner as required for West Virginia banks.*

*Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.*

\_\_\_\_\_  
Chief Executive Officer or Designee

\_\_\_\_\_  
Address  
\_\_\_\_\_

\_\_\_\_\_  
Phone

*Taken, subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.*

*My commission expires \_\_\_\_\_.*

\_\_\_\_\_  
*Notary Public*

SEAL

Person who should be contacted in regard to this notice if other than the Chief Executive Officer or Designee above:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_