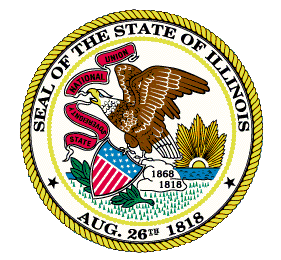
**STATE OF ILLINOIS**

**DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**

**DIVISION OF BANKING**



**APPLICATION FOR RELOCATION OF MAIN BANKING PREMISES PURSUANT TO SECTION 13 OF THE ILLINOIS BANKING ACT**

**NOTICE TO THE APPLICANT**

Under the provisions of the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq., this application is considered a public document and available to the public upon request. If the applicant is of the opinion that disclosure of commercial or financial information would likely result in substantial harm to the competitive position of the applicant or that disclosure of information of a personal nature would result in a clearly unwarranted invasion of personal privacy, a request for confidential treatment must be submitted in writing concurrently with the submission of the application and must discuss in detail the justification for confidential treatment. Such justification must be provided for each response or exhibit for which confidential treatment is requested.

The applicant's reasons for requesting confidentiality should demonstrate specifically the harm that would result from public release of the information. A statement simply indicating that the information would result in competitive harm or that it is personal in nature is not sufficient. A claim that disclosure would violate the law or policy of another state is not, in and of itself, sufficient to exempt information from disclosure. It must be demonstrated that disclosure would either cause "competitive harm" or present an unwarranted invasion of personal privacy.

Information for which confidential treatment is requested should be: (1) specifically referenced in the public portion of the application by reference to the confidential section; (2) separately bound; and (3) labeled "Confidential." The applicant should follow this same confidentiality procedure when filing any supplemental information to the application.

The Department of Financial and Professional Regulation ("Department") will determine whether information submitted as confidential will be so regarded and will advise the applicant of any decision to make available to the public information labeled "Confidential." However, the Department, without prior notice to the applicant, may disclose or comment on any of the contents of the application in the approval issued by the Department in connection with the Agency's decision on the application.

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under Chapter 205, Act 5, Section 13(a) of the Illinois Compiled Statutes. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

IL 505-0481 (Rev 5/2017)

**Application for Relocation of Main Banking Premises**

**Instructions**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Applications should be submitted in an electronic version or by e-mail. A paper version may be submitted as an alternative, but an electronic version in either a Word or Excel format is preferred. The application and non-refundable filing fee, made payable to the "Department of Financial and Professional Regulation", must be submitted to the Springfield office.

**Department of Financial and Professional Regulation**

**Division of Banking**

**Corporate Activities Section**

**320 West Washington Street**

**Springfield, IL 62786**

**Applications may also be submitted electronically to:**

[IDFPR.BanksandTrustApps@illinois.gov](mailto:IDFPR.BanksandTrustApps@illinois.gov)

**The schedule of filing fees is available at:**

<http://www.ilga.gov/commission/jcar/admincode/038/038003700000300R.html>

2. Questions may be answered in the spaces provided, by attaching additional pages, or by reference to a related application filed with the state bank's appropriate federal bank regulator.

3. All communications and questions concerning the intended relocation of main banking premises should be directed to the Corporate Activities Section at (217) 785-2900.

**Required Information**

**Attach the Following Information as Exhibits**

1. The relocation of main banking premises application filed with the state bank's appropriate federal bank regulatory authority.

2. Provide a copy of the corporate minutes where the board of directors approved relocation of the main banking premise.

3. List the name, address, telephone number, and email address of the individual who may be contacted to provide additional information with respect to this application.

**State Bank Identifying Information**

Name of Bank

Location of Main Banking Premises (Street Address of main office, city, county, state, zip code)

**Application Information**

Location of Proposed Main Banking Premises (Street Address, city, county, zip code)

Mailing Address of Proposed Main Banking Premises (if different from street address)

**STATUTORY AND REGULATORY FACTORS**

1. Has the board of directors approved the relocation of the main banking premises and duly noted such approval in the corporate minutes?

Yes  No

1. If the Department approves the relocation of the main banking premises, will the former main banking premises become a branch of the bank?

Yes  No

1. Has the bank's Tier 1 Capital increased or decreased by more than 10% from the amount reported in the most recent quarterly call report? If so, provide the balance of the bank's Tier 1 Capital as of the date the application is filed and describe the cause of the change.

Yes  No

It is hereby certified that all representations, information and action submitted in connection with this form are true, correct, complete and accurate to the best of the knowledge and belief of the undersigned. In addition, the undersigned agrees to notify the Department of Financial and Professional Regulation if any of the information contained within the application materially changes prior to being notified of a decision.

Signature of Authorized Officer Title

Typed Name Date