AFTER-THE-FACT NOTICE: BANK SERVICE COMPANY

NATIONAL BANK IDENTIFYIN	G INFORMATION			
Charter No.:				
Bank Name (exact corporat	te title):			
Street Address:				
City:	County:	State:	ZIP:	
CONTACT PERSON				
Requests for additional inform	nation or other commu	unications should be di	rected to:	
Name:				
Title:				
Street Address:				
City:	State:	ZIP:		
Phone:	Fax:	E-mail:		
BANK SERVICE COMPANY DE	TAILS			
On (mm/dd/yyyy) the bank: Invested in the capital stock of a bank service company Commenced performing a new activity in an existing bank service company				
Name and address of bank Name:	service company:			
Title:				
Street Address:				
City:	State:	ZIP:		
Investment Amount: Percent of Bank Capital an Name of Principal Investor	-	\$ %		

^{*} As defined in 12 CFR Part 3.

NOTICE DETAILS

The bank is eligible for the after-the-fact notice process for the investment it has made for the activity listed at 12 CFR 5.34(e)(5)(v) cite (A-FF):

To determine permissibility, completely describe the investment and the activity to be performed, the percentage of control by each investing bank, the organizational structure, management, and relationships between the bank and the subsidiary.

tion shareholde	er or me	will perform only those services each investing depository ember is authorized to perform and will perform such services only ch each such shareholder or member is authorized to perform the
	NO	
has the Federal	Reserv	ve Board approved an exception to this requirement?
	NO	
explain:		
		of the bank with a company engaged in insurance activities? Elling annuities that are considered insurance products under state
	NO	
describe the ty to conduct:	pe of in	nsurance activities that the company is engaged in and has present
		line of business that the company holds or will hold a resident additional lines as needed):
e of Business:		
State:		
	tion shareholded tions in a state ites directly. has the Federal explain: the initial affilding a broker defined the type of conduct: list for each state or charter for the of Business: State: e of Business: State: e of Business:	tion shareholder or mentions in a state in which ies directly. NO has the Federal Reserve NO explain: NO describe the type of into conduct: list for each state, the every conduct: list for each state, the every conduct: or charter for (enter a state) state: every conduct of Business: State: every conduct of State of State of Business: State: every conduct of State of State of Business: State: every conduct of State of State of Business: State: every conduct of State of State of Business: State: every conduct of State of State of Business: State: every conduct of State of S

CERTIFICATION AND SIGNATURE

The bank represents and undertakes that the proposed activity is being conducted and will continue to be conducted according to the OCC policies contained in guidance issued for this activity. This investment is less than 10 percent of unimpaired capital and surplus and all of the bank's investments in bank service companies collectively total less than 5 percent of the bank's assets.

The bank certifies that it is well capitalized and well managed as defined in 12 CFR 5.34(d) and that the bank and the activity are eligible for the notice process.

I certify that the information contained in this filing has been examined carefully by me and is true, correct, and complete, and is current as of the date of the submission. I acknowledge that any misrepresentation or omission of a material fact constitutes fraud in the inducement and may subject me to legal sanctions provided by 18 USC 1001.

I acknowledge that approval of this notice is in the discretion of the OCC. Actions or communications, whether oral, written, or electronic, by the OCC or its employees in connection with this filing, including approval of the notice, if granted, do not constitute a contract, either express or implied, or any other obligation binding upon the OCC, other federal banking agencies, the United States, any other agency or entity of the United States, or any officer or employee of the United States. Such actions or communications will not affect the ability of any federal banking agency to exercise its supervisory, regulatory, or examination powers under applicable law and regulations. I further acknowledge that the foregoing may not be waived or modified by any employee or agent of a federal banking agency or of the United States.

Signature:	
Print or type Name:	
Title:	
Date:	