

2601 North Lamar, Suite 201  
Austin, Texas 78705  
Telephone: (512) 475-1350  
Fax: (512) 475-1360



**SCHEDULE A--BIOGRAPHICAL AND FINANCIAL REPORT**  
(This entire report will be held CONFIDENTIAL)

Submitted By

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Full Name

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Address

City

State Zip

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**NOTE:** The Interagency Biographical and Financial Report used by the federal financial institution regulators may be substituted for this form. However, no fingerprint card is required to be submitted to the Department. Additionally, please include the following in your response to item **6. Additional Information** in the submission of the Interagency Report -- 1) Driver's license number; 2) Percent and dollar amount of ownership interest in the applicant institution; and, 3) Ownership interest in any other financial institution over 10%.

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This report, or the Interagency Biographical and Financial Report noted above as amended, must be submitted by each director, officer or controlling person of an institution filing certain applications with the Texas Savings and Mortgage Lending Department. All information contained herein shall be considered strictly confidential and shall not be subject to public review.

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(Application to which this report is related)

Each director, executive officer or controlling person, within the meaning of Section 22(h) of the Federal Reserve Act, of a depository institution and those of the resulting savings bank (if different from those of the applying depository institution) shall disclose the information requested below.

The following definitions shall apply in the interpretation of this form:

**Affiliate** shall mean any entity that controls, is controlled by, or is under common control with the applying depository institution.

**Control, controls, controlled** shall mean ownership, directly or indirectly, or possession of, or power to vote, or to hold proxies representing 10% or more of the voting shares or rights or the ability to achieve in any manner the election or appointment of a majority of the directors.

**Depository institution** shall mean a commercial bank, a savings association, or a credit union whether chartered by a state or territory or under the laws of the United States.

**Subsidiary** shall mean a company that is controlled by the applying depository institution.

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Name

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Date of Birth

Place of Birth

Citizenship

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Social Security Number

Current ADDRESS and each address, with applicable dates, occupied for the past five years:

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EDUCATION, including all colleges or universities, degrees received and applicable dates:

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PROFESSIONAL LICENSES. List all professional licenses or certificates you now hold or have held, such as Lawyer, Certified Public Accountant, Doctor, Dentist or Teaching Certificates, including the licensing authority issuing such license:

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EMPLOYMENT RECORD. List present and previous employment for at least the past five years (include self employment), dates, type of business and position(s) held:

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SERVICE AS DEPOSITORY INSTITUTION DIRECTOR, TRUSTEE OR OFFICER. List all financial institutions, including commercial banks, savings banks, trust companies, savings

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associations or credit unions of which you have been a director, trustee, officer, employee or major shareholder (owning five percent or more of the outstanding stock), including position held and applicable dates:

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**CORPORATE DIRECTORSHIPS.** List all other firms, corporations, or other business organizations of which you are a director, trustee, partner or owner, including type of business, position held and applicable dates:

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**BUSINESS RELATIONSHIPS.** List any business relationship with a financial depository institution, its subsidiary or affiliate which generated income to you of more than \$10,000 per year or an aggregate of \$50,000 over five years in cash or other items of measurable value:

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**INTEREST IN APPLICANT INSTITUTION.** State the dollar amount and percentage of your ownership interest in the applicant depository institution (i.e. purchase price or value of the stock for a stock owned institution or dollar value of deposits with a mutual institution) or in the holding

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company which owns the applicant institution:

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**FITNESS AND INTEGRITY.** Each of the following questions must be answered. If the answer to any question is "yes," please attach a statement describing the history of the situation and the matter's present disposition.

1. Have you or any business or enterprise with which you are or were associated as an officer, including a senior executive officer, director or principal shareholder (owning 10% or more of the outstanding stock), been the subject of any law enforcement agency's charge, arrest, indictment, conviction, conviction whereby the record was subsequently expunged, or have you pleaded *nolo contendere* to any criminal matter (other than minor traffic violations)?
2. Are you / have you ever been subject to civil sanctions?
3. Are you / have you ever been subject to administrative sanctions?
4. Are you currently / have you previously been involved in litigation pertaining to questions 2 and/or 3 above?
5. Do you control, hold with the power to vote, or hold proxies representing 10 percent or more of the voting rights or shares of the applicant depository institution?
6. Have you, or any business with which you were affiliated, ever filed for protection under the U. S. Bankruptcy Code or any similar state statutes offering protection to debtors?

**FINANCIAL STATEMENT.** ONLY the managing officer and any incorporator, stockholder, or director of the proposed savings bank who meets the presumptive control definition under §75.121 of the Rules and Regulations Applicable to Texas Saving Banks shall provide the following financial information, financial statement, and most recent federal income tax return.

1. Stocks and ownership interests showing the type of business and value of stock.
2. Real estate showing location, description, in whose name it is titled, date acquired, cost and market value.
3. Insurance showing the name and address of insurer, name and address of policy owner and the higher of the cash surrender value or loan value of the policy.
4. Other assets showing a description of the assets, the basis for the current valuation and the current value.
5. Notes, accounts and mortgages payable showing to whom owed, collateral, value of collateral and current outstanding balance.

**CERTIFICATION AND AUTHORITY TO RELEASE INFORMATION.** **All submissions must include an original certification of accuracy and an authorization to release information on Page 6 and Page 7.** It is the Department's policy to complete background checks on officers, directors and 10% control shareholders if the parties are not generally known to the Department.

FINANCIAL STATEMENT  
as of \_\_\_\_\_, 20\_\_\_\_

ASSETS

Cash on Hand and in Depository Institutions \$  
U.S. Government Securities  
Other Securities  
Stocks (Publicly Traded)  
Other Ownership Interests  
(Including closely held corporations)  
Cash Surrender Value of Life Insurance  
Notes and Other Receivables  
Real Estate  
Other Assets

TOTAL ASSETS \$

LIABILITIES AND NET WORTH

Notes and Accounts Payable \$  
Mortgages Payable  
Other Liabilities

TOTAL LIABILITIES \$

NET WORTH \$

TOTAL LIABILITIES AND NET WORTH \$

**TAX RETURN: Managing Officer and Controlling Shareholder(s), please attach a copy of your latest federal income tax return.**

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CERTIFICATION

I hereby certify that the information on Pages 1-5, and the financial information on this page (if applicable), has been carefully examined by me and is true and correct and that all attached information is true and correct.

Name and Title (Typed):

Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORITY TO RELEASE INFORMATION**

*Please print or type all information.*

Full Name of Applicant: \_\_\_\_\_

Any Alias or Previously Known As: \_\_\_\_\_

Residence: Address, City, State, Zip \_\_\_\_\_

Telephone and FAX #s: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

*Please attach a list of significant businesses including current address and telephone/fax numbers.*

This release constitutes my consent and authority for the Texas Savings and Mortgage Lending Department to examine and obtain copies of records, statements, credit ratings and information regarding my background.

I hereby authorize the release of records to the Texas Savings and Mortgage Lending Department pertaining to the following:

- Employment Information
- Credit Information
- Police and Criminal Records

This authorization is given in connection with my application filed with the Texas Savings and Mortgage Lending Department.

Date \_\_\_\_\_ Signature \_\_\_\_\_