

OFFICE OF THRIFT SUPERVISION

NOTIFICATION OF INTENTION TO CONVERT TO OR COMBINE WITH A BANK

PAPERWORK REDUCTION ACT STATEMENT

The Office of Thrift Supervision (OTS) will use this information to determine and evaluate an institution's proposed transaction to purchase a branch office and/or transfer of savings accounts in light of the appropriate regulatory criteria.

Collection of the information is mandatory [12 C.F.R. §§ 546.2, 552.13, and 563.22].

Public reporting burden for this collection of information is estimated to average 24 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If a valid OMB Control Number does not appear on this form, you are not required to complete this form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Thrift Supervision, Corporate & International Activities, 1700 G Street, N.W., Washington, D.C. 20552; and the Office of Management and Budget, Paperwork Reduction Project (1550-0025), Washington, D.C. 20503.

Docket Number: _____

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Filing Instructions

Pursuant to 12 C.F.R. § 563.22(b), a notification must be submitted to the Office of Thrift Supervision (OTS) (i) by all savings associations prior to combining with a bank, where the savings association is not the resulting institution; and (ii) by savings associations that qualify for expedited treatment under 12 C.F.R. § 516.5 prior to converting to a state or national bank. Other forms or applications may be required where a multi-step transaction is involved.

This notification must be submitted to the OTS, pursuant to 12 C.F.R. § 563.22(h), at least 30 days prior to the effective date of the transaction, but not later than the date on which an application relating to the proposed transaction is filed with the primary regulator of the resulting institution.

Refer to 12 C.F.R. § 516.40 for instructions regarding the number of copies to be filed, and the places such copies must be filed.

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Name of Savings Association

Street Address of Savings Association (include City, State, and Zip Code)

1. The above-referenced savings association ("Savings Association") proposes to (check one):

Combine with a Bank in a transaction in which the Savings Association will not survive.

Name of Bank: _____

Street Address of Bank (include City, State, and Zip Code): _____

Primary Federal Regulator or Bank: _____

Convert to a Bank.

Proposed Name of Bank: _____

Primary Federal Regulator: _____

The Savings Association hereby certifies that it qualifies for expedited treatment pursuant to 12 C.F.R. § 516.5.

2. List applicable stockholder or account holder approval requirements, and demonstrate compliance therewith.

3. The Savings Association (check one)

Does not maintain a liquidation account established pursuant to 12 C.F.R. § 563b.3(c)(13) and (f).

Advises the OTS the resulting institution in the transaction described above will assume the Savings Association's liquidation account.

4. The Savings Association has attached (check one):

A description of the material features of the transaction.

A copy of a filing made with another Federal or state regulatory agency seeking approval for the transaction.

Executive Officer

Secretary

Date of Receipt by OTS