



# Office of the State Bank Commissioner

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**APPLICATION TO**  
**Relocate the Main Office of a Trust Company**  
**Establish a Trust Service Office**  
**Relocate an Existing Trust Service Office**

Mark the appropriate box:

- Relocate a Main Office (K.S.A. 9-814)
- Establish a Trust Service Office (K.S.A. 9-2108)
- Relocate a Trust Service Office (K.S.A. 9-2108)

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(Name of Trust Company)

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(Current Street Address and Mailing Address of Main Office)

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(City, County, State, Zip Code)

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(Name, Telephone Number and E-mail Address of Person to Contact Regarding Application)

An original application and the applicable filing fee should be submitted to:

Office of the State Bank Commissioner  
700 SW Jackson Street, Suite 300  
Topeka, Kansas 66603-3796

**Application Filing Fee** - Remittance of a filing fee of \$750 for a main office relocation and \$500 to establish or relocate a trust service office is required pursuant to K.S.A. 9- 1726. The cost of on-site examinations or investigations in connection with this application will be the responsibility of the applicant.

The application is available to members of the public, subject to limitations imposed by federal or state statutes. 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 trust company, or that disclosure of information of a personal nature would result in a clearly unwarranted invasion of personal privacy, confidential treatment of such information may be requested. Information for which confidential treatment is requested should be (1) specifically identified in the public portion of the application (by reference to the confidential section), (2) separately bound, and (3) labeled "Confidential."

This application is required pursuant to K.S.A. 9-814 or 9-2108 et seq, and will be considered complete when the materials requested in this form have been filed with the State Bank Commissioner and when it has been determined that no further information shall be required.

Please submit the following information with regard to the proposed new location or office. Separate pages should be attached, where necessary. The State Bank Commissioner may request additional information, if deemed necessary.

1. The address of the proposed new office. In the case of a relocation, provide the addresses of the existing office and proposed office, and the distance between the offices.
2. If an out-of-state trust service office is being established, provide documentation that the other state has reciprocity with Kansas. Additionally, provide copies of the notice or applicable filing required by regulatory authorities in the other state, and the approval or no objection given by that agency.
3. The geographic area to be served by the proposed office.
4. The complete official name of the proposed new office. *The name selected shall not be the name of any other trust company or trust service office doing business in the state of Kansas.*
5. A physical description of the proposed new office including a statement as to whether the proposed premises and fixed asset costs comply with applicable statutory limits. If additional costs of the proposed new office, when added to current fixed assets, equal more than 50% of the trust company's capital accounts as defined, a letter requesting permission to exceed the 50% limit must be submitted to the State Bank Commissioner. The letter should also explain how compliance with K.S.A. 9-1102(e) will be achieved.
6. Additions and/or changes in staff and management for the proposed new office.
7. Discussion of how the proposed new office will be useful and the chances for success, including the impact the new office will have on the overall condition of the trust company.
8. A letter from the Historic Preservation Department of the Kansas State Historical Society indicating if the proposed new office will be in a location that is included, or eligible for inclusion, in the National Register for Historical Places.
9. A copy of the trust company's most recent balance sheet and income statement and the total market value of assets held in fiduciary accounts. Also, include the total number of accounts.
10. Proof of publication, regarding the notice of application. A sample notice is available at <http://www.osbckansas.org/banking/applications.html>.
11. Any additional information or comments, not requested in the above items, if it is deemed pertinent to support the need for the proposed new office.

Questions concerning this application may be addressed to:  
Dana S. Hampton, Director of Corporate Activities  
Office of the State Bank Commissioner  
700 SW Jackson Street, Suite 300  
Topeka, Kansas 66603-3714  
(785) 296-1450 FAX (785) 296-6037

In support of this application, applicant has hereby made the aforementioned statements and representations, and submits this information, based upon the factors as outlined for the purpose of inducing the State Bank Commissioner of the State of Kansas to approve the application for the previously listed Kansas trust company

Applicant hereby authorizes the State Bank Commissioner of the State of Kansas to conduct any investigation, examination or review of the condition of the applicant trust company and to provide any other material as requested by the State Bank Commissioner.

ATTESTATION

Applicant affirms that the information contained in this application has been prepared at the direction of the Board of Directors and that it is accurate and complete to the Applicant's best knowledge and belief.

\_\_\_\_\_  
(Applicant)

By \_\_\_\_\_  
(Authorized Officer)

\_\_\_\_\_  
Title

ATTEST:

\_\_\_\_\_  
(Corporate Secretary)