



Office of the State Bank Commissioner

APPLICATION FOR TRUST AUTHORITY Pursuant to K.S.A. 9-1601 et seq.

(Name of Bank)

(Current Street Address and Mailing Address of Main Office)

(City, County, State, Zip Code)

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

An original application should be submitted to:

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

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 bank, 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."

1. This application is for approval to conduct trust business: (Check one)

Full Trust Powers Limited Trust Powers

If requesting full powers, all powers listed in item 2 will be exercised. If requesting limited powers, approval will be granted to exercise only the powers identified in item 2.

2. For limited trust powers, complete the following; trust powers to be exercised will be limited to those checked below:

PERSONAL TRUST POWERS (Check all applicable)

- | | |
|---|--|
| <input type="checkbox"/> Executor and Administrator | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Investment Management Agent |
| <input type="checkbox"/> Conservator | <input type="checkbox"/> Custodian |
| <input type="checkbox"/> Investment Advisor Agent | <input type="checkbox"/> Other (specify) |

EMPLOYEE BENEFIT TRUST POWERS (Check all applicable)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Investment Advisor Agent |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Investment Management Agent |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Other (Specify) |

CORPORATE TRUST POWERS (Check all applicable)

- | | |
|--|--|
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Transfer Agent |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Paying Agent |
| <input type="checkbox"/> Escrow Agent | <input type="checkbox"/> Registrar of Stocks and Bonds |
| <input type="checkbox"/> Other (specify) | |

Please submit the following information. Separate pages should be attached, where necessary. The State Bank Commissioner may request more information, if deemed necessary.

3. The individual designated to be the primary trust officer, and other staffing plans. For each trust officer, the following information should be provided: name; proposed annual salary; anticipated percentage of time to be devoted to fiduciary activities; present occupation and employer (include position, duties, and year employed); general education (college and post graduate, name and location of school, degrees, year graduated); specialized fiduciary and investment training (name and location of school, type of program, year completed); employment history (include employer, position, dates employed, and description of duties, particularly those of a fiduciary or investment nature); professional licenses or similar certificates (attorney, CPA, teaching certificate, etc.).

4. Proposed members of the trust committee and trust related experience/knowledge (if any) of each. Pursuant to K.A.R 17-23-3(b)(1) the trust committee must include at least three directors, with at least one who is not an officer of the bank.

5. The attorney or legal firm which has been retained, or agreed to serve as trust counsel, for the bank. Provide comments addressing the following: experience in probating estates and administering other fiduciary business; present professional services performed for the bank; and any present fiduciary services performed for competing trust institutions.

6. How the proposed activity will be useful and the chances for success, including the impact the activity will have on the overall condition of the bank.

7. A projection of trust accounts and assets, and profitability for the first three calendar years after the trust department begins operations. For trust accounts and assets, provide year-end projections showing the number of accounts expected to be generated. Accounts should be separated by general type of trust activity. Include the dollar volume of trust assets expected to be under the trust department's administration for each general type of trust activity. For trust profitability, include gross trust account fees, other income and a breakdown of direct and allocated expenses.

8. Will the bank use another organization to manage the administration of trust accounts and/or manage trust investments? If yes, please provide the following: the name and address of each organization; the organization's relationship (if any) to the bank and any directors and/or officers; the type of service(s) to be provided; the basis for selecting each organization; whether such service(s) will be governed by a written agreement; the projected annual cost of such service(s); and how the outside organization's performance and compliance with the scope and terms of fiduciary responsibilities and any written agreements will be monitored.

Please note: This question does not cover EDP servicing or custody of trust assets by correspondent banks.

9. If any major changes are anticipated in fixed assets or furniture, fixture and equipment as a result of the proposal, provide full details.

10. A transcript of the minutes of the stockholders meeting showing that at least two-thirds of the stockholders voted to approve the bank conducting trust business.

11. A copy of the page(s) from the bank's Articles of Incorporation showing that the bank is authorized to provide trust services. If an amendment is needed, provide comments concerning plans to make the necessary amendment.

12. A copy of the application made to the bank's primary Federal regulator, if applicable.

13. Any additional information or comments, not requested in the above items, if it is deemed pertinent to support the application.

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 66603-3796
(785) 296-1450 FAX (785) 296-0168

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 bank.

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 bank 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)