APPLICATION TO ESTABLISH A STATE-CHARTERED BANK TRUST BRANCH

NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS
BANKS AND TRUST COMPANIES DIVISION
SFN 50470 (Rev. 5-2023)

1200 Memorial Hwy
Bismarck, ND 58504
Telephone (701) 328-9933
Fax Number (701) 328-0290

Name of Bank			Date	
Address	City		State	ZIP Code

PART I. GENERAL INFORMATION (if additional space is needed attach additional sheets)

1. Estimated number of potential customers that will use facility	2. Estimated number of current customers that will use facility
3. Proposed Branch Address	Size (Square Footage)
4. Distance from Main Bank	
5. Statement of contributing factors considered by management to be in support of the establishment of the proposed branch	
6. Hours of Operation	
7. Describe Security Measures	
8. Name and Qualifications of Manager	
9. Services to be Offered or Functions to be Performed	
10. Describe method by which daily transactions will be transmitted to principal office	

PART II. FINANCIAL IMPACT OF PROPOSED BRANCH

It is incumbent that the applicant demonstrate to the State Banking Board that the proposed branch would not have an overly detrimental effect on the consolidated operation of the applicant. In that regard, the applicant should provide estimates of anticipated activity at the proposed branch as follows:

1. **OPERATING EXPENSE**	**YEAR 1**	**YEAR 2**	**YEAR 3**
A. Occupancy Expense:			
Rent*/Depreciation** on Facility	$	$	$
Heat, Lights and Power			
Telephone			
Repairs and Maintenance			
Taxes and Insurance			
Other Occupancy Expense			
Gross Occupancy Expense			
Less, Rental Income (if any)	( )	( )	( )
Net Occupancy Expense			

* If leased
** If owned

	YEAR 1	YEAR 2	YEAR 3
B. Other Operating Expense:			
Salaries and Benefits	$	$	$
Furniture, Fixtures, and Equipment (rent*, depreciation**, maintenance, etc.)			
Legal			
Postage			
Data Processing			
Miscellaneous			
Total Other Operating Expense			
TOTAL OPERATING EXPENSE (Sum A and B)			

* If leased
** If owned

2. **ANTICIPATED VOLUME OF:**

	AVERAGE DURING					
	NUMBER	YEAR 1	NUMBER	YEAR 2	NUMBER	YEAR 3
Trust Accounts (all types)		$		$		$
Staff (all types)						

3. **ANTICIPATED REVENUES AND EXPENSES:**

	AVERAGE DURING		
	YEAR 1	YEAR 2	YEAR 3
Gross Income from all Sources	$	$	$
Less: Operating Expenses (from Section1)***	( )	( )	( )
Net Operating Income			
Less: Interest and Dividend Expense	( )	( )	( )
Net Income (before reserve transfer)			

4. **ANTICIPATED COST OF:**

Facility (if owned)	$	****
Leasehold Improvements	$	****
Furniture, Fixtures and Equipment	$	

*** Should include anticipated charge-offs, net of recoveries.
**** Should include such items as architect's fees, site preparation, paving, landscaping, etc.

5. If applicable, names and location of trust service providers within the city limits of the proposed North Dakota location.

NAME	LOCATION

6. If the branch is located out-of-state, please provide a copy of applicable laws of the other state or a legal opinion and a "no objection letter" from the host state as to the legality of opening a branch or subsidiary in that state.

PART III. CERTIFICATION

We hereby certify and declare the information included in this application and all attachments hereto to be true and correct to the best of our knowledge and belief. We agree to comply with the provisions of all laws and all rules promulgated by the State Banking Board applicable to branch offices.

Signed for the Board of Directors (Chairman)	Date

The following additional information is attached in support of this application:

a. Copy of board minutes supporting decision to establish a branch office.
b. Copy of proposed building plans and/or contractual agreements.
c. Copy of the trust department most recent Schedule RC-T of the Reports of Condition and Income.
d. Copies of Notice of Publication(s), if required.
e. Any additional information the Commissioner or State Banking Board deems appropriate.

If space provided is insufficient, attach additional sheet(s)

RETURN TO: State Banking Board
Department of Financial Institutions
1200 Memorial Hwy
Bismarck, ND 58504

This is to certify that the State Banking Board, at its meeting on _____ , _____,

☐ granted ☐ denied this application for the establishment of a trust branch.

State Banking Board Secretary