APPLICATION TO ESTABLISH A BRANCH OR OPERATING SUBSIDIARY

NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS
BANKS AND TRUST COMPANIES DIVISION
SFN 53086 (Rev. 5-2023)

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

☐ Branch ☐ Operating Subsidiary

Name of Trust Company		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. Principal office is ☐ owned by trust company ☐ in rented space	
4. Proposed Branch or Subsidiary Office Address	Size (Square Footage)
5. Distance from Principal Office	
6. Statement of contributing factors considered by management to be in support of the establishment of the proposed branch or subsidiary	
7. Hours of Operation	
8. Describe Security Measures	
9. Name and Qualifications of Manager	
10. Services to be Offered or Functions to be Performed	
11. Describe method by which daily transactions will be transmitted to principal office	

PART II. FINANCIAL IMPACT OF PROPOSED BRANCH OR SUBSIDIARY

It is incumbent that the applicant demonstrate to the State Banking Board that the proposed branch or subsidiary 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 or subsidiary as follows:

1. **OPERATING EXPENSE**			
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	0.00	0.00	0.00

* If leased
** If owned

	YEAR 1	YEAR 2	YEAR 3
Other Operating Expense:			
Salaries and Benefits	$	$	$
Furniture, Fixtures, and Equipment (rent*, depreciation**, maintenance, etc.)			
Legal			
Postage			
Data Processing			
Miscellaneous			
Total Other Operating Expense	0.00	0.00	0.00
TOTAL OPERATING EXPENSE (Sum A and B)	0.00	0.00	0.00

* 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)***	(0.00)	(0.00)	(0.00)
Net Operating Income	0.00	0.00	0.00
Less: Interest and Dividend Expense	( )	( )	( )
Net Income (before reserve transfer)	0.00	0.00	0.00

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. Please attach a five-year projection of the trust company for the additional branch or subsidiary, consolidated with the main trust company.
6. Names and location of trust service providers within the city limits of the proposed location.

NAME	LOCATION

7. If the branch or subsidiary is located out-of-state or outside the United States, please provide a legal opinion and a "no objection letter" from the host state or host country authority as to the legality of opening a branch or subsidiary in that state or country.

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 and operating subsidiaries.

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 or subsidiary office.
b. Copy of proposed building plans and/or contractual agreements.
c. Copy of the trust company's most recent financial statement.
d. Copies of Notice of Publication(s), if required.
e. Application fee is $500.00. Check to be made payable to the Department of Financial Institutions.

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