Notice of Intent
Voluntary Liquidation

General Information and Instructions

Preparation and Use

This notice is used to effect a transaction under 12 CFR 5.48(e)(1).

All questions must be answered with complete and accurate information that is subject to verification. If the answer is “none,” “not applicable,” or “unknown,” so state. Answers of “unknown” should be explained.

The questions in the notice are not intended to limit the applicant’s presentation nor are the questions intended to duplicate information supplied on another form or in an exhibit. For such information, a cross reference to the information is acceptable. Any cross-reference must be made to a specific cite or location in the documents, so the information can be found easily. Supporting information for all relevant factors, setting forth the basis for the applicant’s conclusions, should accompany the notice. The regulatory agency may request additional information.

This notice collects information that the Office of the Comptroller of the Currency (OCC) will need to evaluate a voluntary liquidation notice. The OCC must consider the applicable regulatory requirements, when acting on this notice. For additional information regarding the regulatory requirements, as well as processing procedures and guidelines and any supplemental information that may be required, refer to the OCC’s procedural guidelines in the Comptroller’s Licensing Manual. The applicant may contact the OCC directly for specific instruction or visit the OCC’s Web site at www.occ.gov.

Notice of Publication

When the board of directors and the shareholders of a national bank have voted to voluntarily liquidate, the national bank, as required by 12 USC 182, must publish notice of the liquidation for two consecutive months in every issue of a newspaper published in the city or town where the national bank’s main office is located or the nearest community if no newspaper is circulated, in place of main office. If only a weekly publication is available, the notice must be published for nine consecutive weeks.

When the board of directors and the shareholders (or members) of a federal savings association or federal mutual savings association have voted to voluntarily liquidate, the savings association will publish notice of the voluntary liquidation if directed to do so by the OCC; the OCC generally requires a savings association to publish notice.

If required to publish notice, the applicant shall submit to the appropriate OCC licensing office a statement containing the date of publication, the name and address of the newspaper that
published the public notice, a copy of the public notice, and any other information that the OCC requires.

Submission

In addition to an original notice and the appropriate number of signed copies, submit an electronic copy of the information in the notice. For e-mail submissions, contact the OCC for instructions and information about secure transmission of confidential material.

Confidentiality

Any applicant desiring confidential treatment of specific portions of the notice must submit a request in writing with the notice. The request must discuss the justification for the requested treatment. The applicant’s reasons for requesting confidentiality should specifically demonstrate the harm (for example, loss of competitive position, invasion of privacy) that would result from public release of information (5 USC 552 or relevant state law). Information for which confidential treatment is requested should be (1) specifically identified in the public portion of the notice (by reference to the confidential section); (2) separately bound; and (3) labeled “Confidential.” The applicant should follow the same procedure when requesting confidential treatment for the subsequent filing of supplemental information to the notice. Contact the OCC for any further questions regarding requests for confidential treatment.
Notice of Intent
Voluntary Liquidation

Applicant

Name
Charter no.

Current street address

City County State Zip code

Parent Company Identifying Information (if applicable)

Name

Street

City State Zip code

Contact Person

Name Title

Employer

Street

City State Zip code

Telephone no. Fax no. E-mail address

Overview

a. Certify that as of the date of this notice, the applicant’s total assets exceed its total liabilities, including contingent liabilities.

b. If the applicant decides to proceed with the liquidation, it must provide a voluntary liquidation plan to the OCC for its review and non-objection as required by 12 CFR 5.48(e)(2). The applicant may not proceed with the liquidation until it receives the OCC’s non-objection.
OCC CERTIFICATION

I certify that the bank’s board of directors, shareholders or a designated official has authorized the filing of this notice. I certify that the information contained in this notice has been examined carefully and is true, correct, complete and current as of the date of this submission.

I acknowledge that any misrepresentation or omission of a material fact with respect to this notice, any attachments to it, and any other documents or information provided in connection with this notice may be grounds for the OCC to require cessation of the proposed activity, and may subject the undersigned to legal sanctions, including the criminal sanctions provided for in Title 18 of the United States Code.

I acknowledge that the activities and communications by OCC employees in connection with the filing do not constitute a contract, express or implied, or any other obligation binding upon the OCC, the United States, any agency or entity of the United States, or any officer or employee of the United States, and do not affect the ability of the OCC to exercise its supervisory, regulatory and examination authorities under applicable law and regulations. I further acknowledge that the foregoing may not be waived or modified by any employee or agent of the OCC or the United States.

_______________________________________
President or other authorized officer

_______________________________________
Typed name

_______________________________________
Title

_______________________________________
Employer