Voluntary Liquidation
Liquidation Plan

General Information and Instructions

Preparation and Use

This notice is used to comply with the submission of a liquidation plan pursuant to 12 CFR 5.48(e)(2).

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 application. The regulatory agency may request additional information.

This notice form collects information that the Office of the Comptroller of the Currency (OCC) will need to evaluate a voluntary liquidation plan. The OCC must consider the applicable regulatory requirements, when acting on the voluntary liquidation plan. 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.

Submission

In addition to an original and the appropriate number of signed copies, submit an electronic copy of the information, especially of the business plan’s financial projections, if applicable. 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.
Voluntary Liquidation
Liquidation Plan

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

1. Overview

As indicated in the preliminary notice of voluntary liquidation dated (date of notice), the applicant is proceeding with the voluntary liquidation.

2. After a national bank or federal savings association provides preliminary notice under 12 CFR 5.48(e)(1), if the bank or savings association decides to proceed with the liquidation, it must submit a voluntary liquidation plan to the OCC. The national bank or federal savings association must receive the OCC’s supervisory non-objection to the liquidation plan before commencing liquidation.
In reviewing a proposed liquidation plan, the OCC will consider the following:

a. The purpose of the liquidation.

b. Its impact on the safety and soundness of the national bank or federal savings association.

c. Its impact on the bank’s or savings association’s depositors, other creditors, and customers.

For national banks, the OCC will review the liquidation plan for compliance with 12 USC 181 and 12 USC 182. For federal mutual savings associations, the OCC will also consider the advisability of, and alternatives to, liquidation and the effect of liquidation on all concerned.

3. Other information

a. Applicant certifies that, on the date of this letter, the institution’s total assets exceed its total liabilities, including contingent liabilities.

b. Once the (board of directors/shareholders/members) have voted to liquidate, the applicant will proceed to liquidate in accordance with 12 CFR 5.48.
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