

**STATE OF WISCONSIN
Department of Financial Institutions**



Division of Banking
PO Box 7876
Madison, WI 53707-7876
Telephone: (608) 261-7578
Fax: (608) 267-6889
TTY: (608) 266-8818
www.wdfi.org

**SHARE EXCHANGE
APPLICATION**

APPLICANT INFORMATION			
Name of Financial Institution to be Acquired:			Date of Application:
Street Address <i>(include mailing address if different)</i> :			Telephone Number:
City:	State:	Zip:	Fax Number:

Name/Title/Affiliation of Person Responsible For Responding To Questions Relating to The Application:			
Mailing Address:			Telephone Number:
City:	State:	Zip:	Fax Number:

GENERAL INFORMATION

- APPLICATION FORM:** Print or type the requested information in the spaces provided. An original and one copy of the completed application are to be forwarded to the Division at the above address. An approved copy will be returned for the Applicant's file. Schedules or inserts may be attached to this application whenever the space provided is insufficient. Attached schedules or inserts are a part of the application. **If applicable a copy of the federal regulatory application should also be provided to the Division.**
- QUESTIONS:** Questions regarding the application can be directed to 608-266-0446.
- FEE:** The application is to be accompanied by the Applicant's check in the amount of \$1,000 payable to the Department of Financial Institutions.
- PUBLIC INFORMATION:** This application is a public record and is available to the public upon request. Personally identifiable information may be shared with other State or Government Agencies.
- CONFIDENTIAL INFORMATION:** Information derived from an examination by any bank regulatory agency and personally identifiable information, such as found on financial statement and/or biographical information forms, is considered CONFIDENTIAL. Although the Applicant can request CONFIDENTIAL treatment of other information, such as information relating to trade secrets, CONFIDENTIALITY of such information can not be guaranteed. Information for which CONFIDENTIAL treatment is requested should be specifically identified in the public portion of the application by referencing the CONFIDENTIAL section and should be separately bound and labeled CONFIDENTIAL. A justification as to why the information is considered CONFIDENTIAL should also be provided.
- AMERICANS WITH DISABILITIES ACT:** This document can be made available in alternate formats upon request to qualifying individuals with disabilities.
- PUBLICATION REQUIREMENT:** None

ACQUIRING ENTITY INFORMATION			
Name of Entity Acquiring the Financial Institution:			
Street Address <i>(include mailing address if different)</i> :			
City:	State:	Zip:	Desired Effective Date of Transaction:

REQUIRED DOCUMENTATION
<p>The following documentation is considered a part of the application and should be provided at the time of filing:</p> <ol style="list-style-type: none">1. A copy of the plan of share exchange, detailing the terms and conditions of the proposed transaction.2. A certified copy of the resolution adopted by the board of directors of the financial institution to be acquired approving the plan of share exchange.3. A copy of the application filed with the federal regulator seeking approval of the plan of share exchange. <p>The following documentation is considered a part of the application and should be provided prior to the effective date of the transaction if not available at the time the application is filed:</p> <ol style="list-style-type: none">1. A copy of the notice sent to the shareholders of the financial institution to be acquired for the shareholder's meeting to be held to vote on the plan of share exchange which includes the notice of dissenters' rights.2. A certified copy of the resolution adopted by the shareholders of the financial institution to be acquired as a result of the plan of share exchange, including the record of the vote.3. A copy of the notice of approval sent to the shareholders of the financial institution to be acquired who did not vote in the affirmative for the plan of share exchange and who satisfied Section 221.0709(1), Wisconsin Statutes.4. A copy of the federal regulator's approval of the transaction.

APPLICANT ACTION	
<p>The Resolutions adopted by the Board of Directors of _____ and included <i>(Financial Institution To Be Acquired)</i></p> <p>With this application have not been rescinded or modified and have been duly entered in the minute books of _____. Application is hereby made. <i>(Financial Institution To Be Acquire)</i></p>	
_____ Signature of Authorized Officer/Title Financial Institution to be Acquired	_____ Date

DIVISION ACTION		
Date Application Filed:	Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved/Denied:
_____ Administrator Division of Banking		