



# Office of the State Bank Commissioner

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**APPLICATION FOR ACQUISITION OF A  
KANSAS BANK or KANSAS TRUST COMPANY  
BY A GIFT AND/OR INHERITANCE  
Pursuant to K.S.A. 9-1719 et seq.**

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Name of Applicant

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Applicant Address, City, State, and Zip Code

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Name, Title, Telephone Number, and E-Mail Address  
of Person to Contact Regarding This Application

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Address of Person Listed Above, if Different From Applicant Address

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If Applicant is a Corporation, State of Incorporation and Date of Incorporation

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Name and Address of Bank or Trust Company Being Acquired

An original application and the applicable filing fee should be submitted to:

State Bank Commissioner  
Office of the State Bank Commissioner  
700 S.W. Jackson Street, Suite 300  
Topeka, Kansas 66603-3796

**Application Filing Fee** - Remittance of the \$500 filing fee is required pursuant to K.S.A. 9-1726. The cost of on-site examinations or investigations in connection with this application will be the responsibility of the applicant.

The application is available to members of the public, subject to limitations imposed by federal or state statutes. If the applicant is of the opinion that disclosure of commercial or financial information would likely result in substantial harm to the competitive position of the bank or trust company, or that disclosure of information of a personal nature would result in a clearly unwarranted invasion of personal privacy, confidential treatment of such information may be requested. Information for which confidential treatment is requested should be (1) specifically identified in the public portion of the application (by reference to the confidential section), (2) separately bound, and (3) labeled "Confidential."

This application is required pursuant to K.S.A. 9-1719 et seq, and will be considered complete when the materials requested in this form have been filed with the State Bank Commissioner and when it has been determined that no further information shall be required.

Please submit the following information with regard to the proposed acquisition. Separate pages should be used when appropriate. It should be understood that the State Bank Commissioner may require additional information, if deemed necessary.

***TRANSACTION INFORMATION***

1. Provide a discussion of the transaction. If applicable discuss the purpose, structure, significant terms and conditions, and financing arrangements.
2. Provide the total number of voting shares authorized and currently outstanding. Indicate the number of shares to be acquired, and the percent of total shares outstanding that the transaction represents.
3. For each shareholder transferring stock, indicate the full name, the number of shares presently held by each, the number of shares to be transferred and the number of shares to be held after the transaction is complete.

***BIOGRAPHICAL and FINANCIAL INFORMATION***

1. Provide the identity, personal history, business background and experience of each person by whom or on whose behalf the transaction is to be / has been made. Include such person's financial information (a statement of assets and liabilities; a statement of income; and a statement of sources and uses of funds), and material business activities and affiliations. Attach a complete and current (within 90 days) Interagency Biographical and Financial Report. The Report form to be used is available at: <https://www.fdic.gov/regulations/laws/forms/notices.html>
2. With regard to any trust company transaction, pursuant to K.S.A. 9-1722(c), the commissioner may require fingerprinting of any proposed officer, director, shareholder or any other person deemed necessary by the commissioner. Please include appropriate fingerprint cards and payment for each. A fingerprint request form is attached and is also available at: [www.osbckansas.org](http://www.osbckansas.org).

***ORGANIZATIONAL AND MANAGEMENT INFORMATION***

1. Discuss any plans or proposals which any acquiring party involved in the transaction may have to liquidate the bank or trust company, to sell its assets, or merge it with any institution.
2. Discuss any changes to be made in the bank's or trust company's operations, strategy, market area, funding, loan composition and portfolio, lines of business, scope of activities, products, or services.
3. Discuss anticipated changes to the board of directors and senior officers and describe plans to staff office locations being acquired. Attach a complete and current (within 90 days) Interagency Biographical and Financial Report for any new director or senior officer.
4. List any pending acquisition(s) of any financial institutions by the applicant. Discuss the applicant's plans for future acquisitions of any financial institutions.
5. Discuss whether the applicant currently controls, as defined in K.S.A. 9-1719, any trust company, bank, other subsidiary, or other financial institution. Please indicate if any is located in a market area that overlaps or adjoins the geographic market of the bank or trust company being acquired.

In support of this application, applicant has hereby made the aforementioned statements and representations, and submits this information, based upon the factors as outlined for the purpose of inducing the State Bank Commissioner of the State of Kansas to approve the application for the previously listed Kansas bank or trust company.

Applicant hereby authorizes the State Bank Commissioner of the State of Kansas to conduct any investigation, examination or review of the condition of the applicant, its affiliates, the bank or trust company, and to provide any other material as requested by the State Bank Commissioner.

ATTESTATION

Applicant affirms that the information contained in this application has been prepared at the direction of the Board of Directors and that it is accurate and complete to the Applicant's best knowledge and belief.

\_\_\_\_\_  
(Applicant)

By \_\_\_\_\_  
(Authorized Officer)

Title \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
(Corporate Secretary)

Questions should be directed to:  
Tanner Howard, Applications and Statistics Manager  
Office of the State Bank Commissioner  
700 SW Jackson Street, Suite 300  
Topeka, Kansas 66603-3714  
(785) 379-3870 FAX (785) 371-1229



STATE OF KANSAS  
**OFFICE OF THE STATE BANK COMMISSIONER**  
700 SW Jackson Street, Suite 300  
Topeka, Kansas 66603-3796  
785-380-3939 Fax: 785-371-1229

**FINGERPRINT CARD REQUEST FORM**

**(To be used for new trust company or trust company change of control applications.)**

The commissioner or state banking board may require fingerprinting of any current or proposed officer, director, incorporator, shareholder or any other person deemed necessary by the commissioner or state banking board.

Any person, as deemed necessary, who files an application to form a new trust company or to acquire control of an existing trust company must provide completed fingerprint cards with the application and pay to the Office of the State Bank Commissioner processing fees required by the bureaus of investigation to scan the cards.

**To request fingerprint cards, complete this form and fax it to the Office of the State Bank Commissioner at 785-371-1229**

Number of Fingerprint Cards Requested: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number /E-mail of Contact Person: \_\_\_\_\_

**The number of fingerprint cards requested will be mailed to the contact person listed above with instructions for completing the cards. Completed fingerprint cards and correct processing fees must be mailed with the application to the Office of the State Bank Commissioner as directed in the application. Any deviation from this procedure will delay the processing of the application.**

Should you have questions, please contact us at 785-379-3870