# **STATE BANK MERGER INTO AN OUT OF STATE BANK**

# **General Information**

Contact the bank analyst assigned to the institution at (515)-281-4014 prior to the submission of the completed application.

The applicant should contact its primary Federal regulatory authority to determine any Federal requirements for the application.

The bank may consult an attorney to draft or review the applicable legal documents, if desired.

All correspondence will be sent to the contact person listed on the application.

# **Fees and Submission**

Submit one executed copy of the completed application and applicable supplemental documents through the online submission portal on the Iowa Division of Banking website. All information, including items deemed confidential, is to be sent as **one** file in Microsoft Word or Adobe PDF format. The file size cannot exceed 25 megabytes. Once uploaded, instructions will be provided regarding payment of the $505 application fee via credit card or e-check. The application fee will be refunded if the application is not accepted. After the application is accepted, the fee is not refundable.

# **Public Disclosure of Information**

The Superintendent of Banking (Superintendent) may treat all information submitted with this application as public information unless the applicant properly requests that information be treated as confidential at the time of submitting the application. The Superintendent’s release of information is governed by Iowa Code Chapters 22 and 524 and Iowa Administrative Code (IAC) Chapter 187-7. The Superintendent will copy public records as required to comply with the public records laws.

Any request for confidential treatment of information must be included in a cover letter submitted with the application. In addition, the applicant must enumerate the specific grounds in Iowa Code Chapter 22 or other applicable law which supports treatment of the material as confidential.

Each page of the application upon which confidential information appears must be conspicuously marked as containing confidential information. **Applicants may not identify the entire application as confidential.**

If the applicant designates any portion of the application as confidential, the applicant must submit a “public” copy of the application from which the confidential information has been excised. The public copy must be clearly marked as “Public Copy – Excludes Confidential Information” and will be made available for public inspection and copying in accordance with the Iowa Division of Banking’s fee schedule. The confidential material must be excised from the public copy in such a way as to allow the public to determine the general nature of the material removed.

The Superintendent will treat the information marked confidential as confidential information if the Superintendent or a court of competent jurisdiction determines the information is entitled to confidential treatment under Iowa Code Chapter 22 or other applicable law. The Superintendent reserves the right to release information designated as confidential if the Superintendent determines there is no legal basis to withhold the information from public inspection.

It is the applicant’s responsibility to identify and properly excise the information it believes to be confidential from the public copy. The applicant’s failure to request confidential treatment of material or failure to provide a public copy with the confidential information excised will be deemed by the Superintendent as a waiver of any right to confidentiality, which the applicant may have had, and shall relieve the Superintendent from any responsibility if the information is viewed by the public or a competitor.

# **Publication**

No publication notices are required.

# **STATE BANK MERGER INTO AN OUT OF STATE BANK**

## **Out of State Bank:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | |
| Address: |  | | | | | | |
| City: |  | | County: |  | | | |
| State: | |  | | | ZIP Code: | |  |
| Contact person: | |  | | | | | |
| Email address: | |  | | | Phone: |  | |
|  | | | | | | | |

## **Iowa State Chartered Bank:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | |
| Address: |  | | | | | | |
| City: |  | | | County: |  | | |
| State: | |  | | | | ZIP Code: |  |
| Proposed effective date: | | |  | | | | |
|  | | | | | | | |

## **Items to Submit**

Please provide a cover letter and include the following items:

1. A copy of the plan of merger.
2. A certified copy of the resolution of the Board of Directors of each bank adopting the plan of merger.
3. A certified copy of the resolutions of the shareholders approving the plan of merger.
4. Copy of the approval letter issued by the State Regulator regarding the merger of State Bank with and into out of state bank which will be filed by this office with the Secretary of State.

Upon completion of the merger, the Authorization to do Business issued to State Bank and any outstanding office certificates shall be returned to this office for cancellation.

# **ACKNOWLEDGEMENT**

In connection with this application, management of the bank has read the following applicable provisions of the Iowa Code which govern applications, namely:

Section 524.1402 Requirements of a merger

The applicant hereby acknowledges that he/she has also read the explanation about public disclosure of information contained in the application instructions and that he/she understands that the information submitted with the application will be treated as public information unless the applicant has requested confidential treatment of material in the application and submitted a “public” copy of the application from which the confidential information has been excised.

The undersigned hereby certify that the statements contained in this application are true to their best knowledge and belief.

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| --- |
|  |
| Signature and Title |
|  |
| Date |

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