DIVIDEND OR REDUCTION IN CAPITAL SURPLUS APPLICATION

	Dividend	**Reduction in Surplus**
Type of Application		

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Total Amount of Dividend or Capital Reduction $_____

Purpose of Dividend or Capital Reduction _____

Date of Board-approval _____

Board-approved dividend or capital reduction is $ _____ per share for a total of $ _____
to be paid on _____, 20___, to stockholders of record as of _____, 20___.

Year-to-Date Net Income		**Year-to Date Cash Dividends or Capital Reduction**	
Prior Year Net Income		**Most Recent Quarter-end Tier 1 Capital/Average Total Assets Ratio**	
Year-to-Date Retained Earnings		**Estimated Tier 1 Capital/Average Total Assets Ratio after Dividend or Capital Reduction**	
Estimated Retained Earnings after Dividend, or Estimated Surplus after Capital Reduction		**For Reduction in Capital request, what is projected date to return to positive retained earnings?**	

Will the reduction cause any apparent violations of the bank's legal lending limit, fixed assets, or investments?
( ) Yes ( ) No   If yes, please attach an explanation.

Is the bank a Subchapter S-Corporation?
( ) Yes ( ) No

Officer's Signature _____ Date: _____

Name and Title: _____