

**STATE CERTIFICATE TO APPLY FOR APPROVAL TO
CONVERT TO A STATE-CHARTERED FINANCIAL
INSTITUTION**

Date:

Name of Financial Institution

Street and Number (Current Main Office)

City

County

State

Zip

Note: Before signing below, all parties should read the Statement of Policies as applicable to conversions.

We, the undersigned, hereby submit the attached information for consideration by the Commissioner of the Georgia Department of Banking and Finance in connection with an application to convert to a state-chartered financial institution and have simultaneously made the necessary filings to the appropriate federal regulatory authority for concurrent action as may be required by federal statute or regulation.

It is understood that the Commissioner, in applying the various provisions of the Financial Institutions Code of Georgia to this application, will consider it only with respect to the general character or type of business stated and that the financial institution will not engage in any other business required to be approved by the Commissioner without the prior written consent of the Department.

The applicant understands and agrees that the conversion will not be consummated until: (a) all appropriate federal approvals have been obtained; (b) the applicant has fulfilled such requirements, if any, as may be imposed by the Commissioner as a condition to the approval of this application; and (c) all other applicable provisions of the Financial Institutions Code of Georgia are fulfilled. The applicant further agrees that, if this application is approved, the proposal will be carried out substantially as outlined in the application except to the extent that modifications thereto are approved by the Department.

In support of this application, the undersigned hereby make(s) the attached statements and representations and submit(s) the attached information for the purpose of inducing the Commissioner to approve the proposed action and we hereby request that Department examiners be assigned to make such investigations as the Department deems appropriate and necessary to consider the application. We further certify, jointly and severally, that the statements, representations, and information herewith provided are true to the best of our knowledge and belief.

This the _____ day of _____, 20__.

Chairman of the Board

Chief Executive Officer/President/Manager

O.C.G.A. § 16-10-20: A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of State Government shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both.