

**State Board of Finance
State of Indiana**

Return application to: Indiana Board for Depositories,
One North Capitol Avenue, Suite 900, Indianapolis, IN 46204-2043 Phone: (317) 232-5257

Application for Designation as a Depository of Public Funds

Pursuant to Indiana Code 5-13-9.5 the following financial institution respectfully applies to the State Board of Finance for designation as a depository of the public funds of the State of Indiana and all political subdivisions thereof. Pursuant to IC 5-13-9-1 (b) (3), the applicant institution offers to receive said public funds on deposit, pay all assessments levied pursuant to IC 5-13-12, and to provide the security required by IC 5-13-13-7 for the safekeeping and prompt payment of deposited funds.

- 1. **Financial Institution:** _____
- 2. **Federal Routing Number:** _____
- 3. **Headquarters Address:** _____

Mailing Address: _____

Phone: _____ Fax: _____

Email Address: _____

- 4. **Identification Number:** _____
This is the certificate number assigned to you by your supervisory body (FDIC, OTS, etc.) which is also placed on the front page of your Uniform Bank Performance Report, Thrift Financial Report, etc.

- 5. **Institution Category:** _____
Pursuant to IC 5-13-4-10, the following categories of financial institutions may qualify for designation as a depository of public funds. Please indicate which category describes your institution as you are registered with the Indiana Department of Financial Institutions.

- (1) A bank, trust company, or mutual savings bank that:
 - (a) was incorporated under the law of Indiana or any other state; and
 - (b) has its principal office or branch in Indiana.
- (2) A national banking association with its principal office or a branch in Indiana.
- (3) A building and loan association operating as a deposit association incorporated under Indiana law.
- (4) A federally chartered savings and loan association with its principal office or a branch in Indiana.
- (5) A federally chartered savings bank with its principal office or a branch in Indiana.
- (6) A state chartered credit union in Indiana that is federally insured or privately insured and that has assets of three million dollars (\$3,000,000) or more.

- 6. **Statement of Ownership and Control:** _____

If the applying institution is held or controlled by other entities, provide here and on additional attached sheet(s) the names and headquarters addresses of all entities possessing an ownership and/or controlling interest in the applying institution, listing all superior entities above the applying institution.

- 7. Has applicant's or any immediate predecessor's privilege to receive public funds ever been revoked, suspended, or limited in Indiana or any other state? _____
If yes, a complete description must be provided on a separate attached sheet.

- 8. List any supervisory agreements or orders in effect with a regulatory agency?

9. Is this application occasioned by a merger or acquisition with a current depository or other financial institution currently doing business in Indiana? If so, please provide a description of the transaction, including: (1) a statement whether the applying institution is the survivor from the merger, the purchaser in the acquisition, or a new institution formed from the transaction; (2) the name(s) of the other depository(ies) or institution(s); (3) the date of the transaction; and (4) whether the applying institution retained the identification number of one of the parties to the transaction.

(1) _____

(2) _____

(3) _____

(4) _____

10. Attach to this application a list of all Indiana branches, their addresses, and the counties in which they conduct business, of the applying institution.

11. Certifications and Affirmations:

(a) "I swear or affirm under the penalties for perjury that the above information is true, accurate, and complete to the best of my knowledge and belief, and that I am authorized, as an officer and agent of the applying institution, to execute and deliver this application on behalf of the applying institution."

(b) "I certify that the capital ratios of this institution, as of this date, are in excess of the minimums required by our governmental supervisory bodies."

(c) "I certify that the institution will conduct lending activities in Indiana to such an extent that, at the end of each quarter, the sum of the total principal amount of outstanding loans to Indiana residents, plus the total market value of investments in Indiana residents, as those terms are defined by law {IC -5-13-8-7(a,b)}, will at least equal the total amount of public funds of the state and political subdivisions of the state that are on deposit in the financial institution."

(d) "I certify that this institution undertakes, through me as their duly empowered and authorized agent, to accept public funds pursuant to law, and to provide the security required by IC 5-13-13-7 for the safekeeping and prompt payment of deposited funds."

On Behalf of the Applicant:

Attest: (by Secretary)

Signed: _____

Signed: _____

Printed: _____

Printed: _____

Position/Title: _____

Date: _____