## **Application to Convert Into a State-Chartered Savings Bank**

The Director of the Department of Insurance and Financial Services has determined that this application is available for public inspection or copying pursuant to the provisions of the Freedom of Information Act, PA 442 of 1976, MCL 15.231 et seq., and section 213 of the Michigan Savings Banking Act, as amended, MCL 487.2813. Accordingly, except as otherwise indicated in this application, the contents of the application shall be disclosed to any person who properly requests an opportunity for inspection, examination, or copying.

Conversion to a state-chartered savings bank is subject to the requirements and limitations of sections 709-713 and related sections of the Michigan Savings Bank Act, as amended.

 To request approval to convert to a state-chartered savings bank, please submit a letter addressed to the Director of the Department of Insurance and Financial Services (DIFS). The letter must contain the following information:

Α.	Reason(s)	State why applicant wants to convert to a state-chartered savings bank.

B. Principal C	)ffice	State the	principal	location o	f applicant.
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C. Corporate Name State the proposed corporate Name	ate name of applicant.
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D.	Membership	Indicate	whether	applicant	will	be	а	member	of	the	Federal	Reserve	
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System.

E. Management Indicate any changes expected in applicant's Board of Directors and

senior management.

F. Branches List all authorized offices to be operated after conversion. Include any

approved, but unopened branches along with the date approved by applicant's current regulator, or date of notice of intent to establish a

branch.

**G.** Trust Powers Indicate if applicant has trust powers and if applicant expects to exercise

those powers as a state-chartered savings bank.

H. Articles of Incorporation Include a draft of the Articles of Incorporation (FIS 1044 and FIS 1045 are

available on our web site at www.michigan.gov/difs).

I. Board Resolution Certify the Board of Directors has authorized the conversion application

be submitted to DIFS and that the bank will pay any conversion

examination fee regardless of the Director's decision.

2. DIFS reserves the right to require additional information.

3. Questions pertaining to the conversion application should be directed to the Office of Banking at 517-284-8834.

4. Refer to Fee Bulletin 2021-39-BT for the appropriate fee.

FIS 1103 (05/22) Department of Insurance and Financial Services Page 2 of 2

5. It is recommended that the appropriate federal regulatory application(s) be filed contemporaneously with the filing of this application.

6. A copy of this application must be submitted to your current primary regulator.

7. Mail the letter application to: **DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES** 

ATTENTION: OFFICE OF BANKING

P. O. BOX 30220

LANSING, MI 48909-7720

Authorized by PA 354 of 1996, as amended. Required to convert into a state-chartered savings bank.

