

Capital Stock Increase - Notice of Paid-In Capital

Name of Bank/Savings Bank	City, Village or Township
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The undersigned does hereby certify that the capital stock increase of the above-named bank/savings bank in the amount of \$ _____ pursuant to applicable provisions of the Banking Code of 1999, as amended, or the Savings Bank Act, as amended, has been fully paid-in.

Capital Stock Increase

Preferred Stock (_____ Shares @ \$ _____ Par Value) \$ _____

Common Stock (_____ Shares @ \$ _____ Par Value) \$ _____

Memo Item: Expenses Related to Capital Stock Increase \$ _____

Therefore, issuance of the Director's Certificate of Authority for the bank/savings bank to transact business with capital stock as follows is requested:

Total Capital Stock Upon Completion of Increase

Preferred Stock (_____ Shares @ \$ _____ Par Value) \$ _____

Common Stock (_____ Shares @ \$ _____ Par Value) \$ _____

Officer's Name	Officer's Title
Officer's Signature	Date

Please send completed form to: **DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
ATTENTION: OFFICE OF BANKING
P.O. BOX 30220
LANSING, MI 48909-7720**

Authorized by PA 276 of 1999, as amended, and PA 354 of 1996, as amended. Required to notify Director of increase in capital stock.



Michigan Department of Insurance and Financial Services

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