

**STATE OF WISCONSIN
Department of Financial Institutions**



Division of Banking
PO Box 7876
Madison, WI 53707-7876
Telephone: (608) 261-7578
Fax: (608) 267-6889
TTY: 711
dfi.wi.gov

**UNIVERSAL BANK
APPLICATION**

APPLICANT INFORMATION			
Name of Financial Institution:			Date of Application:
Address (include mailing address if different):			Telephone Number:
City:	State:	Zip:	Fax Number:

Name/Title/Affiliation of Person Responsible For Responding To Questions Relating to The Application:			
Mailing Address:			Telephone Number:
City:	State:	Zip:	Fax Number:

GENERAL INFORMATION

APPLICATION FORM: Print or type the requested information in the spaces provided. An original and one copy of the completed application are to be forwarded to the Division at the above address. An approved copy will be returned for the Applicant's file. Schedules or inserts may be attached to this application whenever the space provided is insufficient. Attached schedules or inserts are a part of the application.

QUESTIONS: Questions regarding the application can be directed to 608-266-0446.

FEE: The application is to be accompanied by the Applicant's check in the amount of \$1,000 payable to the Department of Financial Institutions.

PUBLIC INFORMATION: This application is a public record and is available to the public upon request. Personally identifiable information may be shared with other State or Government Agencies.

CONFIDENTIAL INFORMATION: Information derived from an examination by any bank regulatory agency and personally identifiable information, such as found on financial statement and/or biographical information forms, is considered CONFIDENTIAL. Although the Applicant can request CONFIDENTIAL treatment of other information, such as information relating to trade secrets, CONFIDENTIALITY of such information cannot be guaranteed. Information for which CONFIDENTIAL treatment is requested should be specifically identified in the public portion of the application by referencing the CONFIDENTIAL section and should be separately bound and labeled CONFIDENTIAL. A justification as to why the information is considered CONFIDENTIAL should also be provided.

PUBLICATION REQUIREMENT: None

ELIGIBILITY

In order to be certified as a Universal Bank, the financial institution must meet all the following criteria:

- (1) The financial institution has been in existence and continuous operation for at least three years.
- (2) The financial institution is “well-capitalized”, as defined under federal law.
- (3) The financial institution does not exhibit moderately severe or unsatisfactory financial, managerial, operational, and compliance weaknesses as determined by the division.
- (4) The financial institution has not been the subject of any enforcement action during the 12 months preceding the application, and there is no enforcement action pending.
- (5) The financial institution is rated either “outstanding” or “satisfactory” in its most recent CRA evaluation.
- (6) The financial institution, at its most recent evaluation, is in substantial compliance with federal laws relating to customer privacy. (Include a copy of the bank’s Privacy Policy when filing the application.)

REQUESTED FEDERAL POWERS

If certified as a Universal Bank, list the federal powers (if any) the financial institution would like to exercise either directly or through a subsidiary.

NOTICE OF ACTIVITY

If certified as a Universal Bank, list the activities (if any) under s. 222.0413 that the financial institution would like to engage in either directly or through a subsidiary.

OTHER CONSIDERATIONS

1. If the financial institution intends on changing its name, an amendment to the articles of incorporation will have to be filed with the division.
2. If the financial institution intends to exercise any of the state or federal powers through a subsidiary, separate approval for the subsidiary is required.

APPLICANT ACTION

BOARD RESOLUTION:
(Attach copy of actual resolution or complete resolution in format provided below.)

The Board of Directors of _____, at a meeting held
(Name of Applicant Financial Institution)
 on _____ adopted the following Resolution:
(Date)

Be it resolved that _____ is hereby authorized and directed to make application
(Name and Title of Designated Officer)
 to the Division of Banking for certification as a Universal Bank, and to provide such assurances as may be
 required for the purpose of inducing the Division of Banking to grant written approval for the Applicant Financial
 Institution to be certified as a Universal Bank as indicated in this resolution.

The above/attached Board Resolution has not been rescinded or modified and has been duly entered in the
 minute book of the Applicant Financial Institution. Application is hereby made.

 Signature of Designated Officer/Title

 Date

DIVISION ACTION

Date Application Filed:	Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved/Denied:
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 Administrator
 Division of Banking