

**State of Wisconsin**  
**Department of Financial Institutions**



**Subsidiary Office Establishment, Relocation, or Closure**

**Credit Union:** \_\_\_\_\_

**Contact Information for questions related to this form:**

**Name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Type of Activity:**

\_\_\_\_\_ **Application to establish a subsidiary office**

\_\_\_\_\_ **Notification to relocate the principal office**

\_\_\_\_\_ **Notification to relocate a subsidiary office**

\_\_\_\_\_ **Notification to close a subsidiary office**

**Expected date of activity:** \_\_\_\_\_

**New location:**

**Street Address:** \_\_\_\_\_

**City, State and Zip:** \_\_\_\_\_

**If relocating or closing office, address of old/former office:**

**Street Address:** \_\_\_\_\_

**City, State and Zip:** \_\_\_\_\_

*Please complete page 2 only if establishing a new subsidiary office.*

**Proposed office will be:**

\_\_\_\_\_ **Full-Service Branch**

\_\_\_\_\_ **Other:** \_\_\_\_\_

**Proposed office quarters will be:** \_\_\_\_\_ **Purchased** \_\_\_\_\_ **Leased**

**Purchase or annual lease cost:** \_\_\_\_\_

**Estimated cost of providing equipment and furnishings:** \_\_\_\_\_

**How many additional employees do you expect to employ?** \_\_\_\_\_

**What is the expected impact of the additional costs on earnings? Explain.**

**When is the proposed subsidiary office expected to be profitable?** \_\_\_\_\_

**Along with this application, please include the following support material:**

- Current financial statements
- Budget that includes or explains the costs related to the proposed office
- Pro forma financial statements for 3-5 years with assumptions for growth and costs for the proposed office
- Marketing plan
- Business and/or strategic plan
- Map showing location of headquarters office, other existing branches, and the site of the proposed office
- Date of board approval or the board minutes from when discussed and approved

**Please send your completed application form and supporting information to:  
dfi-ocu@dfi.wisconsin.gov**

*Notice: This form may be used for updating the Office of Credit Unions' database. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.*