

**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](http://dfi.wi.gov)

**MERGER APPLICATION**

<b>APPLICANT INFORMATION</b>			
Name of Applicant Bank:			Date of Application:
Street Address <i>(include mailing address if different)</i> :			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. **A copy of the federal regulatory application should also be provided to the Division.**

**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 \$2,500 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

**TARGET INSTITUTION INFORMATION**

Name and Address of Institution to be merged into Applicant:			
Street Address <i>(include mailing address if different)</i> :			
City:	State:	Zip:	Desired Effective Date of Merger:

**REQUIRED DOCUMENTATION**

**The following documentation is considered a part of the application and should be provided at the time of filing:**

1. Certified copies of the resolutions adopted by the board of directors of each bank involved in the merger authorizing submission of this application and designating the officer(s) authorized to sign such application.
2. A signed copy of the merger agreement, detailing the terms and conditions of the proposed transaction.
3. A copy of the application filed with the Applicant's federal regulator seeking approval of the merger.
4. A list of offices of the Other Institution that will be operated as branches of the Applicant. If any existing offices will be closed as a result of the transaction, indicate which offices and anticipated closing date.
5. A list of the corporate subsidiaries owned by Applicant and Other Institution. Indicate whether the subsidiaries are going to be retained by the resulting entity. If not, explain.

**The following documentation is considered a part of the application and should be provided prior to the effective date of the transaction if not available at the time the application is filed:**

1. Copies of notices sent to the shareholders of each bank concerning the shareholders meeting to be held to vote on the merger.
2. Certified copies of the resolutions adopted by the shareholders of each bank involved in the merger, including the record of the vote.
3. A copy of the notice of approval sent to the shareholders of each bank involved in the merger who did not vote in the affirmative for the merger.
4. A copy of the federal regulator's approval of the transaction.
5. Amendments to the Applicant's Articles of Incorporation should be filed if the merger will result in changes to the articles, such as a change in name, location, and/or capital stock.

**APPLICANT ACTION**

The Resolutions adopted by the Board of Directors of the Applicant and Target Institution and included with this application have not been rescinded or modified and have been duly entered in the minute books of the Applicant and Target Institution. Application is hereby made.

\_\_\_\_\_  
Authorized Officer of Applicant Bank

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Officer of Target Bank

\_\_\_\_\_  
Date

**DIVISION ACTION**

Date Application Filed:

Application Approved:

Date Approved/Denied:

Yes  No

\_\_\_\_\_  
Administrator  
Division of Banking