

## Expedited Interchange of Principal and Branch Office Application and Certification Form

Form (INTER ) EX

Name of Applicant	
Address of Applicant (Principal office) (Street, City, Zip, County)	
Filing officer (Name, Title, Phone Number)	

### All Questions Must Be Answered

Are you Requesting Expedited Processing? (If no, complete form 115 Inter)	
Current Location of Principal Office (Street, City, Zip, County)	
Proposed Branch Office to be Interchanged (Street, City, Zip, County)	
When did applicant commence business? (Must be more than 3 years old)	
Most recent examination rating (CAMELS-Agency State-FDIC-OTS-FRB) Date	
Composite Rating (Must be 1 or 2)	
Management Rating (Must be at least 2)	
Most recent CRA rating (if applicable) /date (Must be satisfactory or better)	
Capital: Leverage Ratio/date (Must be 5.0% or greater)	%
Capital: Tier 1 Risk Based Ratio/date (Must be 6.0% or greater)	%
Capital: Total Risk-Based Ratio/date (Must be 10% or greater)	%
Board Resolution Submitted/Dated	
Describe the availability of the proposed office to its prospective customers. (Attach separate sheet if necessary)	
I hereby certified that the above is true and correct.	
DATE :	(Signature of Filing Officer)