State of South Carolina
Board of Financial Institutions
Office of the Commissioner of Banking

APPLICATION OF CONVERSION TO SOUTH CAROLINA-CHARTERED INSTITUTION

FINANCIAL INSTITUTION INFORMATION:

Name of Institution			
Headquarters Address			
City	**County**	**State**	**Zip Code**
Current Type of Charter ☐ National Bank ☐ State Bank ☐ Federal Savings Association ☐ State Savings Bank ☐ State Savings and Loan Association			
Current Chartering Agency ☐ Office of the Comptroller of the Currency ☐ State of _____			
Current Federal Reserve Status ☐ Member Bank ☐ Nonmember Bank			
Does the institution currently have authority to conduct trust activities? ☐ Yes ☐ No			

HOLDING COMPANY INFORMATION

Name of Holding Company		
Headquarters Address		
City	**State**	**Zip Code**

CURRENT CAPITAL STRUCTURE

Financial Date	Amount of Capital Stock	Number of Authorized Shares	Number of Shares Issued	Par Value per Share

CONVERSION INFORMATION

Proposed Name of Institution		
Proposed Headquarters Address		
City	**State**	**Zip Code**
Proposed Type of Charter ☐ State Bank ☐ State Savings Bank ☐ State Savings and Loan Association		
Proposed Federal Reserve Status ☐ Member Bank ☐ Nonmember Bank	**Proposed Date of Conversion**	

PROPOSED CAPITAL STRUCTURE

Amount of Capital Stock	Number of Authorized Shares	Number of Shares Issued	Par Value per Share

Does the institution wish to conduct trust activities after conversion?
☐ Yes ☐ No

If the institution does not currently have trust powers and wishes to conduct trust activities after conversion, an application must be submitted as detailed in the Applications Manual of the Office of the Commissioner of Banking.

If the institution currently has trust powers and does not wish to conduct trust activities after conversion, please attach provisions for appointment of successors to any fiduciary positions held by the converting institution.

Does the institution plan to conduct any activities upon the effective date of the conversion that the institution does not presently conduct?
☐ Yes ☐ No

If yes, please describe:

Will the institution engage in any non-traditional activities upon conversion (e.g. insurance product sales, annuity sales, brokerage services, finance subsidiary, etc.)?
☐ Yes ☐ No

If yes, please describe:

Has the institution identified any activities or assets which do not conform to the requirements of the resulting institution? ☐Yes ☐No **If yes, please attach a description of the method and schedule for terminating non-conforming activities and/or assets.**
Has the institution identified any requirements applicable to the resulting institution which the converting institution does not presently satisfy? ☐Yes ☐No **If yes, please attach a description of the method for meeting the applicable requirements.**
Does the institution have any non-regular transactions with any of its executive officers, principal shareholders, directors, or their related interests? Non-regular transactions consist of all transactions except loans, deposits, bonuses, salaries, and director fees. ☐Yes ☐No **If yes, please attach a description of the transaction(s) that includes the date and nature of the transaction(s).**
Does the institution have any written or oral contract or agreement that obligates the institution to pay more than ten percent of its current equity capital over the life of the contract or agreement? ☐Yes ☐No **If yes, please attach a brief description of the terms and conditions of the contract or agreement, the name of the party contracted with, and the date of the contract or agreement.**
Has any director, officer, or employee been convicted of, or is presently under indictment for, any criminal offense involving dishonestly or breach of trust? ☐Yes ☐No **If yes, please attach a listing that includes the individual's name and title along with a brief description of the offense(s).**
Is the institution a defendant in any lawsuit? ☐Yes ☐No **If yes, please attach a brief summary that includes the name of the plaintiff(s), amount sued for and nature of, or basis for, litigation and the expected result, including any possible loss.**

MANAGEMENT

Current directors of the institution are as follows**:**

Name	**Name**

Current executive officers of the institution are as follows:

Name	**Title**

Will there be any changes to the directorate and/or executive officers upon conversion? ☐ Yes ☐ No

If yes, provide an explanation of any changes in the directorate or executive officers upon conversion.

The following items should be submitted as part of this application:

- **Conversion Plan;**
- **Proposed Articles of Incorporation;**
- **Current bylaws;**
- **Proposed bylaws;**
- **Certified copy of a resolution of the Board of Directors approving the conversion;**
- **Certified copy of shareholder or member approval (if applicable);**
- **Statement certifying the institution is not subject to a consent or other formal enforcement order and no orders or actions are pending;**
- **Statement concerning any proposed changes in the institution's business plan or operations;**
- **A listing of all subsidiaries of the converting institution that includes the name, address, and purpose of the subsidiary.**
- **A listing of the street addresses of the institution's branches.**
- **Financial statements as of the last day of the month preceding adoption of the Conversion Plan;**
- **Current and pro-forma balance sheet and capital ratios;**
- **Copies of any Federal applications filed; and**
- **Application fee in the amount required by the current fee schedule.**

CONTACT INFORMATION

Contact Person, Title	**Phone Number**	**Email Address**
Address		
City	**State**	**Zip Code**

_____ _____

Officer's Signature **Date**