

**TRUST COMPANY
WORKSHEET- TRANSACTION**

Refer to 7 TAC §21.3

Name of Trust Company: _____

Home Office Location: _____
(Street Address)

(City) (County) (State) (Zip Code)

Person Completing Worksheet:

(Name) (Title)

1. Are there significant policy, supervisory, or legal issues involved?

Yes No

2. Is any other regulatory approval necessary in order to consummate the proposed transaction, i.e merger, purchase and assumption, change of control, etc.?

Yes No

3. The trust company's capital and surplus accounts (restricted capital) equal \$_____. The trust company's total fixed asset accounts will equal \$_____ if this transaction is approved.

Will the proposed transaction result in a fixed asset investment in excess of the trust company's restricted capital?

Yes No

4. Will the proposed transaction significantly impact the strategic plan or cause major changes to be made in the strategic plan?

Yes No

5. Will the proposed transaction cause the trust company's capital to drop below \$1,000,000 or the required minimum?

Yes No

6. Will the proposed transaction require the approval of the Commissioner under Section 183.109(b) of the Texas Finance Code (Transactions with Management and Affiliates) and 7 TAC §17.3?

Yes No

If any of these are answered Yes, the transaction does NOT qualify for expedited treatment.