

APPLICATION FOR APPROVAL OF A MERGER BETWEEN

\_\_\_\_\_  
Surviving Credit Union

AND

\_\_\_\_\_  
Merging Credit Union(s)

\_\_\_\_\_  
Date of this Application

\_\_\_\_\_  
Proposed Merger Date

Requests for additional information or other communication concerning this proposal should be addressed to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address

( ) \_\_\_\_\_  
Telephone Number

( ) \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

Instructions

This application, bearing original signatures and supported by required schedules and documents should be submitted to the:

Director  
Division of Financial Institutions  
Office of Financial Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0371

A copy of this application should be submitted to the National Credit Union Administration and any other state regulatory agency as applicable.

If the proposed merger is between more than two credit unions, attach additional sheets in the same format as this application. Board resolutions, the merger plan and agreement, supporting schedules, and minutes of membership meetings should bear the original signatures of the president/chairman of the board, and secretary. When used in this application "surviving" credit union means the credit union under whose charter the merged credit unions will operate, and "merging" credit union(s) refers to those whose charters will be cancelled as a result of this merger. This application will be processed pursuant to Chapter 69U-105, Florida Administrative Code.

Application fee of \$500, payable to the Office of Financial Regulation, is attached for deposit to Financial Institutions' Regulatory Trust Fund

**Org: 43843000000**

**Flair Object Code: 001062**

**EO: V1**

**Revenue Source Code: 219**

1) Indicate all permanent, staffed offices of each credit union as of the date of this application by name and address, and indicate in the right column those to be retained or closed in conjunction with this merger.

a) Surviving Credit Union

Principal Place of business Retained/Closed

\_\_\_\_\_  
Address

Branch offices:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

b) Merging Credit Union

Principal place of business:

\_\_\_\_\_  
Address Retained/Closed

Branch Offices:

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

- 2) Proposed field of membership (approval will be dependent upon action taken on the merger application). Attach bylaw amendment Form OFR-U-61-A for Article II, Section 1.
- 3) Other Bylaw Amendments - attach bylaw amendment Form OFR-U-61-A for any amendment needed for the surviving credit union's bylaws for the merger.
- 4) Attach the Merger Plan and Agreement, which has been agreed upon by a majority of the Board of Directors of each credit union. The Merger Plan and Agreement shall include, at a minimum, the information required by Section 657.065(3), Florida Statutes.
- 5) Provide the date the merger application was filed with the National Credit Union Administration.

FINANCIAL INFORMATION

- 1) Attach balance sheets and income statements for each credit union and consolidated financial statements as of the close of business of the last month preceding the date of the application.
- 2) Attach summaries of delinquent loans for each credit union which indicate the book value of loans in the following categories:
  - a) 2 through 6 months contractually past due
  - b) 6 through 12 months contractually past due
  - c) 12 months contractually past due and the reasonable value of collateral securing each loan over 12 months contractually past due.
- 3) Attach a summary of the charge offs and recoveries for each credit union for the same period as the financial information noted in 1) above.
- 4) If the merging credit union is not a Florida Chartered Credit Union, then attach a copy of the most recent Annual and BSA/AML Audits for the merging credit union.

CERTIFICATION

We the undersigned President/Chairman of the Board, and Secretary of the \_\_\_\_\_ Credit Union under whose charter the proposed merged credit unions will operate certify that to the best of our knowledge the information contained in this application and supporting schedules and documents is true and correct.

\_\_\_\_\_  
President/Chairman of the Board

\_\_\_\_\_  
Secretary

Date: \_\_\_\_\_