

**TRUST COMPANY**

**WORKSHEET- TRANSACTION**

Name of trust company: \_\_\_\_\_

Home office location: \_\_\_\_\_

Name and title of person completing worksheet: \_\_\_\_\_

1. Are there significant policy, supervisory or legal issues involved? Yes or 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 or 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 60% of restricted capital? Yes or No

4. Will the proposed transaction significantly impact the strategic plan or cause major changes to be made in the strategic plan? Yes or No

5. Will the proposed transaction cause the trust company's capital to drop below \$1,000,000 or the required minimum? Yes or No

6. Will the proposed transaction require the approval of the Commissioner under Section 183.09(b) of the Texas Finance Code (Transactions with Management and Affiliates) and 7 TAC §17.3? Yes or No