



FINANCIAL INSTITUTION QUESTIONNAIRE

Company Information

Financial Institution Name and Address _____

Website Address _____

Telephone and Fax Numbers:

Corporate Main _____ Local Office _____ Fax _____

If any of below questions do not apply to your organization, please indicate that and explain why.

Please indicate your ABA Routing Number and either your OTS or FDIC Number.

ABA _____ OTS _____ FDIC _____

Please indicate the type of charter your banking, savings, or savings and loan institution operates under and the year chartered.

Nationally Chartered Bank Year _____

Federally Chartered Bank Year _____

State Chartered Bank Year _____

Has your financial institution operated under a different business name at any time during the past five years? Yes No

If yes, please provide the prior name, year of the change, and reason for the name change.

Prior Name _____ Year _____ Reason For Change _____

Where is your financial institution headquartered?

City _____ State _____

Is your financial institution owned by a holding company? Yes No

If yes, please provide the following information.

Holding Company's Name _____ \$ _____

Net Worth Capitalization _____ \$ _____

Headquarters City _____ State _____

Please provide a geographic representation of your financial institution.

State _____	No. of Offices _____
State _____	No. of Offices _____
State _____	No. of Offices _____

Please indicate the number of branch offices your financial institution has within the boundaries of Pennsylvania. _____

Please indicate number of employees in PA. _____

Please indicate any acquisitions or mergers during the last 10 years.

Rating Information

Please identify below who regulates your financial institution. (Check all that apply)

Office of the Comptroller of Currency	Federal Reserve System
Federal Deposit Insurance Corporation	State Banking Department
Office of Thrift Supervision	

Is your bank rated or scored by Fitch Ratings? Yes No

If yes, please provide your most current issuer rating or score. _____

If no, please provide what rating agency and your most current issuer rating score.

Agency _____ Score _____

Reporting and Tax Information

If your financial institution is subject to the Pennsylvania Unclaimed Property Reporting Act per P.S. § 1301.1 DISPOSITION OF ABANDONED AND UNCLAIMED PROPERTY ACT (Report of Abandoned and Unclaimed Property Verification and Checklist)

Please provide the period covered on your most recent AP-1 report that was submitted and the date of that report: Period _____ Date _____

If your financial institution is subject to Pennsylvania Corporate Tax please corroborate that your institution is current with any tax liability. Yes No

If your institution is not current please provide your explanation.

Shareholder Information

Please indicate the following:

- a) the total number of stockholders with your institution _____
- b) the number of stockholders holding 25% or more shares _____
- c) the number of stockholders holding 10% or more shares _____
- d) the number of stockholders holding 5% or more shares _____

Please provide a geographic representation of your financial institution.

Stockholder's Name	No. of Shares
_____	_____
_____	_____
_____	_____

Legal/Regulatory Information

Has your financial institution been subject to any litigation, arbitration or regulatory proceedings, either pending, adjudicated, or settled, within the past five years, that involved allegations of improper, fraudulent, disreputable, or unfair financial activities?

Yes No

If yes, please provide a brief explanation and status of resolution.

Has your financial institution been subject to a regulatory, state or federal investigation within the past five years for alleged improper, fraudulent, disreputable, or unfair financial activities?

Yes No

If yes, please provide a brief explanation.

Have any of your public sector clients claimed within the past five years that your financial institution was responsible for any financial losses?

Yes No

If yes, please explain.

If your institution employs Mortgage Brokers or Bankers please list their names and the dates of their most current licenses.

Name	Date	License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____