

FB101, Annex A

Dependents:

Name (first, middle initial, last)	Relationship	age
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Father's Name: _____ Mother's Name: _____
 Address: _____ Address: _____
 Occupation: _____ Occupation: _____
 Date of Birth: _____ Date of Birth: _____
 Place of Birth: _____ Place of Birth: _____
 If Deceased, Date _____ If Deceased, Date _____
 and Place of Death: _____ and Place of Death: _____
8. Service in Armed Forces:
 (a) Have you ever served in the Armed Forces of the United States?
 Yes () No ()
 If yes, branch of Armed Forces _____
 (b) Date of entry to active service _____
 (c) Date released from active service _____
 (d) Service serial number _____
 (e) Have you ever received a discharge from the U. S. Armed Forces which was
 other than honorable? Yes () No ()
 If yes, please provide a full explanation, including the type of discharge and when
 and where issued:
9. Education Name and Address Dates of Major Area Degree
 of School Attendance of Study Granted &
 Date Awarded
- | | | | | |
|--|-------|-------|-------|-------|
| High School | _____ | _____ | _____ | _____ |
| College,
University
(Undergrad) | _____ | _____ | _____ | _____ |
| College,
University
(Graduate) | _____ | _____ | _____ | _____ |
| Professional
or Technical
School | _____ | _____ | _____ | _____ |
10. Have you a license to practice any profession? Yes () No ()
 If "yes" give details:

FB101, Annex A

(a) Nature of License:

(b) Date Issued

Number of License (If any):

(C) Licensing Agency and Address:

11. Employment Record (for the fifteen year period preceding date of present application) (Use additional sheets if necessary); Account for all gaps in employment:

<u>Name & Address of Employer</u>	<u>Dates of Employment</u>	<u>Position Held & Duties</u>	<u>Immediate Superior</u>	<u>Reason for Leaving</u>
---	--------------------------------	---------------------------------------	-------------------------------	-------------------------------

12. If self employed, describe each enterprise, including the name, address, state of incorporation, your percentage of ownership and the type of business of each corporate or other entity which you own or control. (Control means ownership of 10% or more of the stock or the ability to effectively control the management of the corporation or other entity.)

List names, addresses and percentage of control and/or ownership of other incorporators, partners, directors, or officers of the entity(ies) or corporation(s) referred to above.

13. Are you employed in any professional capacity, or do you perform any services for or have any business connections with any institution which is subject to the supervision of the Department of Financial Services, or any agency or authority of the State of New York?

Yes () No ()

If "yes," indicate name of the institution, address, and nature of your work.

14. Have you had, or do you now have, any financial interest, direct or indirect, in any institution under the supervision of any authority or agency in New York State, or any other state?

Yes () No ()

If "yes," give name of institution, address, and nature of interest.

15. References:

(a) List the names and addresses of three personal references who can attest to your character, fitness and reputation. (State how long you have known each person: do not include relatives or current business associates.)

(b) List the names and addresses of three professional references who can attest to your character, fitness, reputation, professional competence, and business skills.

16. List outstanding debts in excess of \$10,000. (Use additional sheets if necessary.)

<u>Name and Address of Creditor</u>	<u>Account Number</u>	<u>Date</u>	<u>Credit Limit Amount</u>	<u>Balance Outstanding</u>
---	---------------------------	-------------	--------------------------------	--------------------------------

17. Answer "yes" to any of these questions if they apply to you as an individual, or as a partner, director or officer of a corporation.

Except for minor traffic violations:

- (a) Are there any arrests, indictments, criminal information or other criminal proceedings now pending against you? Yes () No ()
- (b) Were you ever convicted for any violation of the law? Yes () No ()
- (c) Have you or has any partnership of which you were a member or any corporation of which you were a principal officer ever been adjudged a bankrupt or involved in a civil action as a defendant or plaintiff? Yes () No ()
- (d) Have you ever initiated or been named in any administrative or disciplinary proceedings? Yes () No ()
- (e) Has your salary ever been garnished? Yes () No ()

If your answer to any of the above questions is "yes", on a separate sheet of paper list, the dates, name and location of the court of jurisdiction or administrative agency and a brief description of each action or charge and its disposition. Report all legal actions, regardless of disposition.

18. Has any enterprise in which you were a partner, director or officer been the subject of federal or state administrative proceedings, criminal indictment, criminal information or other criminal proceeding? Yes () No ()
19. Have you and any enterprise in which you are a partner filed required federal, state and local tax returns for the previous three calendar years? Yes () No ()

If "no" please explain the circumstances and include the date on which any applications for extension have been filed.

The undersigned affirms, that the statements made and answers given herein are accurate and complete and authorizes the New York State Department of Financial Services to make any inquiry it deems appropriate in connection with processing this questionnaire. False written statements in this questionnaire are punishable under Section 210.45 of the New York Penal Law (making a punishable false written statement) and also will be a sufficient cause for denial of a license or charter by the New York State Department of Financial Services.

Date _____ Signature _____

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any duly authorized representative of the New York State Department of Financial Service (NYSDFS) bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to any professional license awarded to me (including any grievance records), employment, military, educational records (including , but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records), credit records, and law enforcement records (including but not limited to any record of charge, prosecution or conviction for criminal or civil offenses). I hereby direct you to release such information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the NYSDFS. Consent is granted for the NYSDFS to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, your employers, officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by statute or regulation. I understand that the NYSDFS will use this number only to assist the superintendent in making a determination as to whether I meet the standards set forth in the banking law for receiving the charter, license or registration for which I am applying. Should there be any question as to the validity of this release, you may contact me as indicated below.

I have read the above release and agree to the terms and conditions therein.

Social Security Account Number: _____
Date of Birth: _____
Parent or Guardian: _____
(If required)
Date: _____
Current Address: _____
Telephone Number: _____
CPA/Bar Membership(s) State _____
Registration Number _____

Full Name: _____
(Signature)

Full Name: _____
(Typed or Printed)
(Include maiden and any other previously used name)

State of _____ :
_____ County: SS:

Before me, a Notary Public in and for said County and State personally appeared the above-named _____ who acknowledged that

_____ did sign the foregoing instrument and that the same is _____ free and voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at _____, _____, this _____ day of _____, 20____.

Notary Public