***Bank Parity Notice***

This notice is to be used for bank parity, direct conduct of an activity by a Banking Institution under Section 201(c) (7 P.S. § 201(c) of the Banking Code of 1965, 7 P.S. § 101 et seq. If an already approved subsidiary is conducting a new activity or expanding an existing activity, this Notice should be completed and filed. Banks should review and understand the applicable requirements of the Banking Code prior to filing an application and consult legal counsel.

**Bank Information**:

|  |  |  |
| --- | --- | --- |
| Name: *Name* | | |
| Business:  *Business* | | |
| Street:  *Street* | | |
| City:  *City* | State:  *State* | Zip Code:  *Zip Code* |
| Phone:  *Phone* | Email:  *Email* | |

|  |  |  |  |
| --- | --- | --- | --- |
| *Charter Type:* | |  | *Ownership Structure:* |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  | *Primary Federal Regulator*: |
|  |  | |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Point of Contact for Bank**:

|  |  |  |
| --- | --- | --- |
| Name: *Name* | | |
| Business:  *Business* | | |
| Street:  *Street* | | |
| City:  *City* | State:  *State* | Zip Code:  *Zip Code* |
| Phone:  *Phone* | Email:  *Email* | |

**Section I - General Information and Instructions**

**Confidential Information:** Applicant(s) may designate all or portions of a document to be confidential to the extent the document contains trade secrets, confidential proprietary information, or other privileged or confidential information, the disclosure of which would cause substantial harm to an Applicant or impair the safety or soundness of an Applicant.  Designations of confidentiality must be prominently indicated on the application, documents or attachments thereto.

**Date of Filing/Acceptance**: The date the application is received by the Bureau of Bank Supervision (Bureau) is the date of filing. An acknowledgment will be sent to the Applicant indicating that the application was received and is being reviewed for completeness. Once the application is determined to be complete, a letter will be sent indicating that the application was accepted by the Bureau. Notwithstanding acceptance of the application, additional information or documentation may be required as the application is processed and reviewed.

The application and supporting documents should be emailed to:

[ra-bnbanksupervision@pa.gov](mailto:ra-bnbanksupervision@pa.gov)

**Answers**: All answers must be complete and accurate and are subject to verification. If the answer is “none,” “not applicable,” or “unknown,” please state. An answer of “unknown” should be explained. Cross-references may be made to other answers or to an exhibit so long as the cross-reference is made with a specific cite to the location in the documents to allow easy reference.

All questions and requests for information/documentation should be answered in its entirety. Missing or incomplete answers, or failure to submit the required supporting documentation will delay acceptance of the application and may cause the application to be returned to the Applicant(s).

If circumstances or changes occur after the filing of the application that render answers or documentation submitted to be inaccurate, Applicant must promptly file with the Bureau an amendment disclosing the changes and the specific areas of the previous application that are being updated.

**Section II – Required Information and Documentation**

1. Type of Activity:

New Activity  Expansion or Modification of Existing Activity

1. Is this activity to be conducted by an already existing Subsidiary?

Yes  No

If yes, Name of Subsidiary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Proposed Activity:

|  |
| --- |
|  |

1. Provide analysis regarding the risk and potential risks to the Banking Institution (and if applicable), that have been identified regarding the proposed activity.

|  |
| --- |
|  |

1. Type of Federal Entity Authorized to Conduct Proposed Activity:

National Bank

Federal Savings Association

FDIC-Insured State Bank through Section 24 of Federal Deposit Insurance Act

Other  *Other*

1. Parity with National Banks, Federal Savings Associations. Provide the federal law citations for the activity proposed under parity authority **(Check all that apply):**

12 USC §  *Legal Cite*

12 CFR §  *Legal Cite*

Other Relevant Statute(s) and Regulation(s)  *Legal Cite*

Agency Interpretive Letter(s)  *Legal Cite*

1. Statutory and Regulatory Citations for Parity with FDIC-Insurance State Banks or their Subsidiaries through Section 24 of the Federal Deposit Insurance Act that provide the basis for Banking Institution proposed under parity authority **(Check all that apply)**:

Section 24 of Federal Deposit Insurance Act (12 U.S.C. § 1831a) and 12

CFR Part 362 (FDIC Implementing Regulation)

List Home State of Bank Engaged in Section 24 Activity  *Home State*

List Relevant Legal Citations Under Home State Law  *Legal Cite*

FDIC Interpretive Letter(s)  *If applicable*

1. List conditions, limitations and/or restrictions imposed on the proposed type of activity by the applicable Federal banking regulator, consistent with Section 201(c) of the Banking Code (7 P.S. § 201(c)).

|  |
| --- |
|  |

1. Provide the names, titles, contact information, experience, and relevant backgrounds of personnel who will be responsible for the proposed activity.

|  |
| --- |
|  |

**Section VII - Certification**

The undersigned do hereby certify that the information contained herein and contained in any attachments or exhibits hereto are complete, true and correct. I make this declaration subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Typed or Printed Name |  | Signature |  | Date |
|  |  |  |  |  |
| Typed or Printed Name |  | Signature |  | Date |
|  |  |  |  |  |