

**ADDENDUM TO INTERAGENCY CHARTER &
FEDERAL DEPOSIT INSURANCE APPLICATION**

Please provide the following additional information:

1. EVIDENCE OF COMMUNITY SUPPORT

In the case of a community bank or community development bank, the organizer(s) must submit evidence of community support, e.g. letters of support from members of the public, community groups, public officials, economic development agency or chamber of commerce.

2. OPINION OF COUNSEL

In the case of a Connecticut bank organized to function solely in a fiduciary capacity, the organizer(s) must submit an Opinion of Counsel stating that the proposed activities are not in contravention of state or federal law.

3. CERTIFICATION (See Attached)

ADDENDUM TO INTERAGENCY CHARTER & FEDERAL DEPOSIT INSURANCE APPLICATION

Page Two

Certification

The undersigned organizer(s) certify jointly and severally that the statements contained herein are true to the best of their knowledge and belief. Any misrepresentations or omissions of material facts with respect to this application, any attachments to it, and any other documents or information provided in connection with the application for and organization of the proposed Connecticut bank may be grounds for disapproval of the application, or grounds for disapproval of the undersigned as proposed director(s) or officer(s) of the proposed Connecticut bank, and may subject the undersigned to other legal sanctions. Furthermore, the undersigned organizers acknowledge that the proposed Connecticut bank is not being organized for the purpose of selling to, merging or consolidating with any existing bank or out-of-state bank. The organizers agree to maintain the applicable minimum equity capital required by Section 36a-70 of the Connecticut General Statutes throughout the existence of the bank and a minimum total capital to assets ratio of 8% during the bank's first 3 years of operation.

Signature	Typed Name	Date
_____	_____	_____

Acknowledgment

State of Connecticut
County of _____ ss. (City/Town) _____

On this the ___ day of _____, 20___, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Signature of Notary Public
Date Commission Expires: _____

Page Three

Signature _____ Typed Name _____ Date _____

Acknowledgment

State of Connecticut
County of _____ ss. (City/Town) _____

On this the ___ day of _____, 20___, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Signature of Notary Public
Date Commission Expires: _____

Signature _____ Typed Name _____ Date _____

Acknowledgment

State of Connecticut
County of _____ ss. (City/Town) _____

On this the ___ day of _____, 20___, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Signature of Notary Public
Date Commission Expires: _____