PROPOSAL FORM FOR EARLY REPURCHASE OF CDCI SECURITIES

Please complete the following information and submit to cdci@treasury.gov prior to the submission deadline of 5:00PM ET, Friday, November 18, 2016. In addition to completing the information on the form, please submit all requested additional/supporting documents as outlined in the notification letter¹.

Further information regarding this form, the notification letter and the proposal process can be found here: https://www.treasury.gov/initiatives/financial-stability/TARP-Programs/bank-investment-programs/cdci/Pages/CDCI-Early-Repurchase-Option.aspx. Any additional questions may be directed to cdci@treasury.gov.

INSTITUTION NAME:			UST NUMBER:		
SUBMISSION DATE ² :		RESUBMISSION	: (CHECK IF APPLIES)		
	PRIMA	RY CONTACT		SECONDARY CONTACT	
NAME:			NAME:		
PHONE:			PHONE:		
EMAIL:			EMAIL:		
CDCI SECURITY					
TYPE:	CUMULATIVE PREFERRED S		N-CUMULATIVE EFERRED STOCK	SUBORDINATED DEBENTURES	
TOTAL A OUTSTAN	MOUNT NDING (\$):			E OF CDCI STMENT:	
DIVIDEND OR INTEREST PAYMENTS					
CURREN	ΓRATE:	RATE STEP- DATE:	UP	STEP-UP RATE:	
MOST RECENT PAYMENT AMOUNT:			T RECENT MENT DATE:		

¹ Notification letter refers to the letter sent on August 1, 2016 to all CDCI participants announcing the CDCI wind-down plan and posted on Treasury's website at: https://www.treasury.gov/initiatives/financial-stability/TARP-Programs/bank-investment-programs/cdci/Pages/default.aspx.

² If this is the first proposal submission this will be recorded as your original submission date. Resubmissions following a declined proposal must be submitted within 60 calendar days of the original submission date and prior to 5:00PM ET, Friday, November 18, 2016.

FAIR VALUE PROPOSAL					
PROPOSED FACE VALUE OF SECURITIES TO BE REPURCHASED (\$): MINIMUM 50% OF OUTSTANDING					
FAIR VALUE OFFERED FOR SECURITIES TO BE REPURCHASED (\$):					
HAVE YOU CONSULTED WITH YOUR PRIMARY REGULATOR REDARDING AN EARLY REPURCHASE?					
EXPECTED REPURCHASE COMPLETION DATE:					
CERTIF	ICATION				
Name of the Chief Franchisco Office	Tal				
Name of the Chief Executive Officer (or Authorized Designee)	Title				
Signature of the Chief Executive Officer ³ (or Authorized Designee)	Date of Signature				

This information is being collected under OMB Control Number 1505-0223.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. The time required to complete this form is estimated to average 24 hours.

³ By signing, the signatory is certifying that all information contained on the form and submitted as part of the proposal process is accurate. This is also a certification that the institution meets all of the eligibility criteria as set forth in the notification letter.