



## CONFIDENTIAL BIOGRAPHICAL AND FINANCIAL REPORT

### Instructions

This form is to be completed by every candidate for the position of principal officer or director of an Oregon financial institution. The information you provide on this form will be kept confidential. It will assist the Finance Section, Division of Financial Regulation, in fulfilling the requirements of banking law, which require an appraisal of the general character of the bank's management.

Please type or print all information, answering all questions completely. If a question is not applicable, or you do not know the answer, so state. An incomplete report will not be accepted.

Try to complete your answer in the space provided. You may attach additional pages if necessary; be sure they refer to the line number of the appropriate question.

This form consists of seven sections: background and security-verification information, personal information, employment information, disciplinary/legal information, general information, financial information, and your certification that the information you have provided is true and accurate. This form requires you to complete *Schedule A — Real estate and related loans*, and *Schedule B — Proprietary interests*.

File one copy, marked personal and confidential, with the administrator, Division of Financial Regulation, 350 Winter St. NE, Room 410, Salem, OR 97301-3881.

In processing this application, the director of the Department of Consumer and Business Services may call for an investigative consumer report as defined in the *Fair Credit Reporting Act* (15 USC, 1681 et seq.) You may request information concerning the nature and scope of this investigation in writing. A background investigation may be conducted by the Oregon State Police.

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## CONFIDENTIAL BIOGRAPHICAL AND FINANCIAL REPORT

### Background and security-verification information

The information supplied in this section will be used to perform required background checks and security verification. Some of the information in this section may be requested in following sections of this application.

Please supply the following information about the applicant:

1. First, middle, and last names: \_\_\_\_\_
2. City and state of residence: \_\_\_\_\_
3. Month, day, and year of birth (mm/dd/yy): \_\_\_\_\_
4. Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
5. Driver license number: \_\_\_\_\_ Issuing state: \_\_\_\_\_
6. Provide the names and complete mailing addresses of three personal references. These references must be individuals who have personal knowledge of your character, reputation, and background, and who are not related to you. In applications for new bank organizations, the references listed here may not be individuals associated in any way with the proposed organization. **Incomplete addresses will delay processing.**
  - a. Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: \_\_\_\_\_
  - b. Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: \_\_\_\_\_
  - c. Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## Personal information

7. Name (first/middle/last): \_\_\_\_\_

8. Home address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

9. Home phone: ( ) Business phone: ( ) E-mail: \_\_\_\_\_

10. Proposed position:  Organizer  Officer  Director

11. Financial institution name: \_\_\_\_\_

12. Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

13. Business phone: ( ) Business fax: ( )

14. Applicant's citizenship: \_\_\_\_\_ Naturalization date: \_\_\_\_\_

15. Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

16. List previous residences of the past five years:

a. Street address: \_\_\_\_\_ From: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ To: \_\_\_\_\_

b. Street address: \_\_\_\_\_ From: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ To: \_\_\_\_\_

c. Street address: \_\_\_\_\_ From: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ To: \_\_\_\_\_

d. Street address: \_\_\_\_\_ From: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ To: \_\_\_\_\_

e. Street address: \_\_\_\_\_ From: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ To: \_\_\_\_\_

f. Street address: \_\_\_\_\_ From: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ To: \_\_\_\_\_

If you lived outside Oregon at any time during the past five years, attach one set of your fingerprints.

Fingerprinting must be administered and certified by a law-enforcement agency.

17. Highest educational level attained:

Doctorate  Master's degree  Bachelor's degree  High-school diploma  Other: \_\_\_\_\_

18. List all post-secondary training and education (include military, colleges, universities, and graduate training):

a. Name of institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree earned: \_\_\_\_\_

b. Name of institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree earned: \_\_\_\_\_

c. Name of institution: \_\_\_\_\_ City/State: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Major: \_\_\_\_\_ Degree earned: \_\_\_\_\_

**Personal information, *continued***

19. List professional licenses and certificates (current and expired):

- a. License/certificate: \_\_\_\_\_  
Issuing authority: \_\_\_\_\_ Date issued: \_\_\_\_\_ Date expired: \_\_\_\_\_
- b. License/certificate: \_\_\_\_\_  
Issuing authority: \_\_\_\_\_ Date issued: \_\_\_\_\_ Date expired: \_\_\_\_\_
- c. License/certificate: \_\_\_\_\_  
Issuing authority: \_\_\_\_\_ Date issued: \_\_\_\_\_ Date expired: \_\_\_\_\_

**Employment information**

- 20. Name of present employer: \_\_\_\_\_
- 21. Employer's address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_
- 22. Nature of business: \_\_\_\_\_
- 23. Your job title: \_\_\_\_\_
- 24. Name of supervisor: \_\_\_\_\_
- 25. Supervisor's title: \_\_\_\_\_
- 26. Date of employment: \_\_\_\_\_
- 27. Starting salary: \_\_\_\_\_ Present salary: \_\_\_\_\_
- 28. Please describe your duties in this position. (If you will be an officer of the institution, provide complete details of your financial-institution experience, including positions held, number of employees supervised, lending authority, etc. Use additional pages, if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 29. Name of previous employer: \_\_\_\_\_
- 30. Employer's address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_
- 31. Nature of business: \_\_\_\_\_
- 32. Your job title: \_\_\_\_\_
- 33. Name of supervisor: \_\_\_\_\_
- 34. Supervisor's title: \_\_\_\_\_
- 35. Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_
- 36. Starting salary: \_\_\_\_\_ Present salary: \_\_\_\_\_
- 37. Please describe your duties in this position:  
\_\_\_\_\_  
\_\_\_\_\_
- 38. Reason for leaving: \_\_\_\_\_

**Employment information, *continued***

39. Were you discharged or asked to resign?  No  Yes

If yes, provide date of discharge and an explanation:

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40. On a separate sheet, list each additional previous employers or periods of self-employment for the past 10 years. Include details as in Lines 29-39.

**Disciplinary/legal information**

41. Give information about each arrest or conviction by any law-enforcement agency, other than minor traffic violations:

a. Nature of charge: \_\_\_\_\_ Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Location: \_\_\_\_\_ Disposition: \_\_\_\_\_

b. Nature of charge: \_\_\_\_\_ Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Location: \_\_\_\_\_ Disposition: \_\_\_\_\_

c. Nature of charge: \_\_\_\_\_ Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Location: \_\_\_\_\_ Disposition: \_\_\_\_\_

42. Give information about each charge, indictment, or conviction by any law-enforcement agency against any business or enterprise with which you have been associated as an officer, director, or principal shareholder (owning 10 percent or more of the outstanding stock).

a. Name of business: \_\_\_\_\_ Your interest: \_\_\_\_\_

Nature of charge: \_\_\_\_\_ Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Location: \_\_\_\_\_ Disposition: \_\_\_\_\_

b. Name of business: \_\_\_\_\_ Your interest: \_\_\_\_\_

Nature of charge: \_\_\_\_\_ Date: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_ Location: \_\_\_\_\_ Disposition: \_\_\_\_\_

43. Give complete details for the past 10 years of all proceedings in bankruptcy, receivership, assignments or similar actions for the benefit of creditors involving you, your immediate family members, or any company with which you are or were associated:

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44. Have you ever been denied an individual or position schedule fidelity bond or had a bond canceled or revoked?  No  Yes If yes, give details:

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**Disciplinary/legal information, *continued***

45. Has a claim ever been made against your fidelity bond?  No  Yes If yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General information**

46. Are you now, or have you been within the past five years, associated with any application for a bank or other financial institution or insurance company?  No  Yes If yes, complete the following:  
a. Proposed institution name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Your role in application (agent, consultant, organizer, etc.): \_\_\_\_\_  
Regulatory authority: \_\_\_\_\_  
Date filed: \_\_\_\_\_ Decision: \_\_\_\_\_ Date opened: \_\_\_\_\_

b. Proposed institution name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Your role in application (agent, consultant, organizer, etc.): \_\_\_\_\_  
Regulatory authority: \_\_\_\_\_  
Date filed: \_\_\_\_\_ Decision: \_\_\_\_\_ Date opened: \_\_\_\_\_

c. Proposed institution name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Your role in application (agent, consultant, organizer, etc.): \_\_\_\_\_  
Regulatory authority: \_\_\_\_\_  
Date filed: \_\_\_\_\_ Decision: \_\_\_\_\_ Date opened: \_\_\_\_\_

47. Are you now, or have you been, associated with any financial or insurance institution as a director, officer, employee, or principal shareholder (owning 10 percent or more of the outstanding stock)?  
 No  Yes If yes, complete the following, omitting information previously detailed:  
a. Institution name: \_\_\_\_\_ Location: \_\_\_\_\_  
Relationship: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
b. Institution name: \_\_\_\_\_ Location: \_\_\_\_\_  
Relationship: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
c. Institution name: \_\_\_\_\_ Location: \_\_\_\_\_  
Relationship: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**General information, *continued***

48. Are you now a management official of a depository institution or depository holding company?

No  Yes

Have you been proposed as a management official of the proposed financial institution?

No  Yes

If you answered yes to both questions, explain why the potential interlock should not be considered a violation of the *Depository Institution Management Interlocks Act* (12 U.S.C. 3201-3207) or what action will be taken to prevent a violation of the act:

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49. If you are associated with any business (corporation, partnership, or other) as an officer, director, or principal shareholder (owning 10 percent or more of the outstanding stock) give the following information, omitting information previously detailed:

a. Name of business: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Percent of ownership: \_\_\_\_\_

Relation: \_\_\_\_\_ Since (date): \_\_\_\_\_

b. Name of business: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Percent of ownership: \_\_\_\_\_

Relation: \_\_\_\_\_ Since (date): \_\_\_\_\_

c. Name of business: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Percent of ownership: \_\_\_\_\_

Relation: \_\_\_\_\_ Since (date): \_\_\_\_\_

50. Give a detailed explanation of the role you will have in organizing and/or operating the proposed financial institution:

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## Financial information

### 51. Statement of net worth

*Instructions:* All amounts should be rounded to the nearest dollar and must agree with any supplementary schedules you provide. Amounts listed should represent only your beneficial or pro-rata interest if properties are jointly held or held by another for your benefit. You may file a joint statement with your spouse if you wish. The administrator may request additional detail supporting the amounts shown below.

As of \_\_\_\_\_, 20 \_\_\_\_\_

#### ASSETS:

a. Cash	\$	
b. Marketable securities	\$	
c. Notes receivable	\$	
d. Real estate <sup>a</sup>	\$	
e. Proprietary interests <sup>b</sup>	\$	
f. Other assets	\$	
g. TOTAL ASSETS	\$	0.00

#### LIABILITIES:

h. Accounts payable	\$	
i. Real-estate loans	\$	
j. Other loans and notes	\$	
k. Other liabilities	\$	
l. TOTAL LIABILITIES	\$	0.00
m. NET WORTH (Total assets less total liabilities)	\$	0.00
n. TOTAL LIABILITIES AND NET WORTH	\$	0.00
o. Contingent liabilities	\$	

<sup>a</sup> Complete and attach *Schedule A* (Page 12), giving details of real-estate ownership and encumbrances.

<sup>b</sup> Complete and attach *Schedule B* (Page 13), giving details.



**Financial information, continued**

52. List cash income from all sources for the past three years. If current year is reported for less than a full fiscal or annual period, give dates for period reported.

	<i>Year</i>	<i>Year</i>	<i>Year</i>	<i>Current year: to</i>
Salaries, wages, commissions, bonuses or other income from employment:	\$	\$	\$	\$
Net income from dividends and interest:	\$	\$	\$	\$
Net income from rents and royalties:	\$	\$	\$	\$
Net income from individual business or profession, partnership, or joint venture:	\$	\$	\$	\$
Income or distribution from trusts or estates:	\$	\$	\$	\$
Other income (itemize any amounts that are 10 percent of income):	\$	\$	\$	\$
Total income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

53. Number of shares of stock in the proposed financial institution you intend to purchase: \_\_\_\_\_

How will you finance this purchase? \_\_\_\_\_

If all or part of the funds will be borrowed, complete the following:

a. Number of shares: \_\_\_\_\_ Amount to be financed: \_\_\_\_\_

Name of lender: \_\_\_\_\_

Address of lender: \_\_\_\_\_

Terms: \_\_\_\_\_ Collateral to be pledged: \_\_\_\_\_

b. Number of shares: \_\_\_\_\_ Amount to be financed: \_\_\_\_\_

Name of lender: \_\_\_\_\_

Address of lender: \_\_\_\_\_

Terms: \_\_\_\_\_ Collateral to be pledged: \_\_\_\_\_

c. Number of shares: \_\_\_\_\_ Amount to be financed: \_\_\_\_\_

Name of lender: \_\_\_\_\_

Address of lender: \_\_\_\_\_

Terms: \_\_\_\_\_ Collateral to be pledged: \_\_\_\_\_

54. List sources of additional funds if needed during organization or early operation of proposed financial institution:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certification**

I certify that I have carefully examined the information contained in this *Confidential Biographical and Financial Report*, and that it is correct and complete.

I understand that my signature authorizes an investigative consumer report, as defined in the *Fair Credit Reporting Act* (15 U.S.C 1681 et seq.).

I further understand that any misrepresentation or omission of material fact constitutes fraud in the inducement and may be grounds for denial of authorization to commence a financial institution business, grounds for disapproval of appointment to or employment in the position sought, and may subject me to other legal actions.

Signature of applicant: \_\_\_\_\_

Applicant's name,  
typed or printed: \_\_\_\_\_ Date: \_\_\_\_\_

## Schedule A — Real estate and related loans

Provide the following information regarding all real estate in which you hold a beneficial interest. Indicate the current debt outstanding on the related asset. If property is co-owned, indicate only your pro-rata share of the cost, current value, and related debt. All information in this schedule **must** be submitted.

<i>Description and location of property</i>	<i>Owner of property and percent of ownership</i>	<i>Date acquired</i>	<i>Cost</i>	<i>Name and address of creditor, if any</i>	<i>Date of note and original amount</i>	<i>Investment rate, maturity and detailed terms of amortization</i>	<i>Market value of property*</i>	<i>Current balance of real-estate loan**</i>
<b>TOTAL</b>							<b>0.00</b>	<b>0.00</b>

\* Must equal amount shown on Line d on Page 9, Financial information

\*\* Must equal total shown on Line I on Page 9, Financial information

## Schedule B — Proprietary interests

Provide the following information regarding all business enterprises in which you hold a beneficial interest. The term “business enterprise” includes any corporation, association, partnership, business trust, sole proprietorship, or other business whose shares are not listed on a securities exchange or otherwise regularly traded. Under the heading “Form of business,” state the legal form of the business. Under the heading “Nature of business and percent of ownership,” explain what the business enterprise does, and what percentage of it you own.

**Submit year-end financial statements, including profit and loss statements, for the last two years for each business in which you have an interest equal to 10 percent or more of your net worth.**

<i>Name and address of business</i>	<i>Legal form of business</i>	<i>Nature of business and percentage of ownership</i>	<i>Date acquired</i>	<i>Current value *</i>
			<b>TOTAL</b>	<b>0.00</b>

\* Must equal amount shown on Line e on Page 9, Financial information