

Application for Approval of Director

Nebraska Department of Banking & Finance

www.ndbf.nebraska.gov

1526 K Street, Suite 300

Lincoln, NE 68508-2732

402-471-2171

This application for approval director is made pursuant to the provisions of Section 8-126 of the Nebraska Banking Act and Section 8-204 of the Nebraska Trust company Act.

SECTION I: THIS SECTION TO BE COMPLETED BY THE APPLICANT BANK

Main Office Name

Street Address

City

County

State

Zip Code

Applicant Bank Official to Contact Regarding this Individual Application:

Name

Title

Telephone

Email Address

Email Address for Notification of Action by the Department, if different than above.

Email Address

SECTION II – GENERAL INFORMATION / INSTRUCTIONS

This application form must be completed for each new director. All answers should be typewritten or legibly printed. All questions must be answered. If additional space is needed on any question(s), please attach extra sheets and reference them accordingly.

Pursuant to the applicable statutes, application is hereby made to the Department of Banking and Finance requesting approval of the following person to act as a director of the indicated institution.

Please attach the following to the completed application.

- A signed current Personal Financial Statement for the Individual Applicant. Use of the Department's financial statement form is optional. [Click here](#) to access the form.
- If the Individual Applicant is currently NOT a director of a Nebraska state-chartered bank or trust company, submit a copy of all Criminal History Reports for the Individual Applicant acquired through the appropriate state Criminal History Record repositories. A Criminal History Report must be acquired from each state in which the applicant has resided over the past ten years. [Click here](#) for a link to the Criminal History Record repositories for each state. When requesting a Criminal History Report from the Nebraska State Patrol, a signed release must be submitted to the Patrol. [Click here](#) for the release. If a state criminal repository will not release a criminal history record for licensure, please contact your Review Examiner at 402-471-2171.
- A resume for the Individual Applicant, including residence address, employment record, education, professional licenses, and business associations, current as of the date of the application.

SECTION III – INDIVIDUAL APPLICANT INFORMATION

1. Biographical Report:

Individual Applicant's Name

Street (Home Address) City

County State Zip Code

Social Security Number Date of Birth

Telephone Number

Individual Applicant's Email Address

2. Employment:

a. Section 8-126 of the Nebraska Banking Act and Section 8-204 of the Nebraska Trust Company Act require that a director be of good moral character, known integrity, business experience, and responsibility. In support of these requirements, please submit the **Individual Applicant's Present Business Occupation and Director's Qualifications:**

b. Have you ever been dismissed or asked to resign from any past employment, including receiving an Other Than Honorable discharge from military service? Yes No
If "yes," complete the following:

Employer's Name, Address, Telephone	Position	Date of Discharge	Explanation <small>*Attach additional page if needed for full explanation*</small>

3. General Information:

- a. Have you or any business interest of yours undergone bankruptcy?
If "yes," give full details including place and date. Yes No
- b. Have you ever been the subject of a garnishment?
If "yes," give full details including place and date. Yes No
- c. Have you ever been convicted for the violation of any law that has not been pardoned or set aside other than a minor traffic infraction?
If "yes," give full details including date, county, and state. Yes No
- d. Have you ever been turned down or canceled on a personal, fidelity, or surety bond?
If "yes," give name of bonding company and date of rejection or cancellation. Yes No
- e. Have you ever been denied any professional license (e.g., Attorney, Medical, CPA, Real Estate, Insurance, FINRA, or SEC registration), or has any such license ever been suspended or revoked?
If "yes," give full details. Yes No
- f. To your knowledge, are you, or have you ever been, the subject of an investigation regarding any such license?
If "yes," give full details. Yes No
- g. To your knowledge, are you, or have you ever been, the subject of a federal or state administrative investigation or order?
If "yes," give full details. Yes No

4. Read “The Director – Duties and Responsibilities” and complete the following:

I, _____ (Name), Individual Applicant, do hereby certify that I have read, and that I understand the Department's publication, "[**The Director-Duties & Responsibilities**](#)" [Click here](#), or by mail from the Department. I also certify that the information contained in this application and all attachments thereto is true, correct, and complete, and is current as of the date of this submission. I acknowledge that any misrepresentation or omission of a material fact constitutes fraud in the inducement and may subject me to legal or administrative sanctions.

Individual Applicant’s Signature

SECTION IV – INSTITUTION INFORMATION

1. What is the institution’s plan for:

- a. Initial director education and orientation?

- b. Continuing education of the proposed director regarding statutory, fiduciary, and operation responsibilities? (Past service as director is not a satisfactory response.)

2. Authority

I, _____ (Name), President , CEO , Chairperson of the Board , or Board Member of the above-named institution, do hereby certify that the applicant named herein is a person of good moral character, known integrity, business experience and responsibility, and possesses attributes necessary to effectively act in the capacity of director. I also certify that a Criminal History Report from each state in which the applicant has resided over the past ten years has been reviewed.

Signature of President, CEO, Chairperson of the Board, or Board Member

Date