



DRAFT

Board of Governors of the Federal Reserve System



Proxy Statement—FR MM - Form PS

The information in this form is required by law: 12 CFR Part 239 (Mutual Holding Companies).

The Federal Reserve System will use the information specified in this form to provide mutual members with information necessary for voting on the transaction.¹

Docket Number: _____

Date: _____

Month / Day / Year

NOTICE OF MEETING

Name of Applicant

Street Address of Applicant

City _____ State _____ Zip Code _____

Date (MM/DD/YYYY) _____ Time (AM/PM) _____ Vote Entitlement Date (MM/DD/YYYY) _____

Location:

Street Address of Meeting Location

City _____ State _____ Zip Code _____

Description:_____

City _____ State _____ Zip Code _____

¹ Public reporting burden for this collection of information is estimated to average 50 hours per response, including time to gather and maintain data in the required form and to review instructions and complete the information collection. A Federal agency may not conduct or sponsor, and an organization (or a person) is not required to respond to a collection of information, unless it displays a currently valid OMB control number. Comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing the burden, may be sent to Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551, and to the Office of Management and Budget Paperwork Reduction Project (7100-0335), Washington, DC 20503.



Does applicant request confidential treatment for any portion of this submission?

Yes

As required by the General Instructions, a letter justifying the request for confidential treatment is included.

The information for which confidential treatment is being sought is separately bound and labeled "Confidential."

No

Name, title, address, telephone number, and email address of person(s) to whom inquiries concerning this application may be directed:

Name	Name				
Title/Organization	Title/Organization				
Street Address	Street Address				
City	State	Zip Code	City	State	Zip Code
Area Code / Phone Number			Area Code / Phone Number		
Email Address					

Certification

I certify that the information contained in this application has been examined carefully by me and is true, correct, and complete, and is current as of the date of this submission to the best of my knowledge and belief. I acknowledge that any misrepresentation or omission of a material fact constitutes fraud in the inducement and may subject me to legal sanctions provided by 18 U.S.C. §1001 and §1007.

I also certify, with respect to any information pertaining to an individual and submitted to the Board of Governors of the Federal Reserve System ("Board") in (or in connection with) this application, that the applicant has the authority, on behalf of the individual, to provide such information to the Board and to consent or to object to public release of such information. I certify that the applicant and the involved individual consent to public release of any such information, except to the extent set forth in a written request by the applicant or the individual, submitted in accordance with the Instructions to this form and the Board's Rules Regarding

Signed this _____ day of _____, _____.
Day Month Year

Signature of Chief Executive Officer or Designee of Applicant

Print or Type Name

Title