

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF BANKING



EMERGENCY PROCLAMATION REQUEST
PURSUANT TO THE ILLINOIS BANKING EMERGENCIES ACT [205 ILCS 610]

NOTICE TO THE APPLICANT

Under the provisions of the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq., this application is considered a public document and available to the public upon request. If the applicant is of the opinion that disclosure of commercial or financial information would likely result in substantial harm to the competitive position of the applicant or that disclosure of information of a personal nature would result in a clearly unwarranted invasion of personal privacy, a request for confidential treatment must be submitted in writing concurrently with the submission of the application and must discuss in detail the justification for confidential treatment. Such justification must be provided for each response or exhibit for which confidential treatment is requested.

The applicant's reasons for requesting confidentiality should demonstrate specifically the harm that would result from public release of the information. A statement simply indicating that the information would result in competitive harm or that it is personal in nature is not sufficient. A claim that disclosure would violate the law or policy of another state is not, in and of itself, sufficient to exempt information from disclosure. It must be demonstrated that disclosure would either cause "competitive harm" or present an unwarranted invasion of personal privacy.

Information for which confidential treatment is requested should be: (1) specifically referenced in the public portion of the application by reference to the confidential section; (2) separately bound; and (3) labeled "Confidential." The applicant should follow this same confidentiality procedure when filing any supplemental information to the application.

The Department of Financial and Professional Regulation ("Department") will determine whether information submitted as confidential will be so regarded and will advise the applicant of any decision to make available to the public information labeled "Confidential." However, the Department, without prior notice to the applicant, may disclose or comment on any of the contents of the application in the approval issued by the Department in connection with the Agency's decision on the application.

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purposes of the Illinois Bank Emergency Act. Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

Emergency Proclamation Request

Instructions

1. Requests should be submitted by e-mail to your institution's respective Case Manager or Manager.
2. Questions may be answered in the spaces provided or by attaching additional pages, if necessary.
3. All communications and questions concerning the Emergency Proclamation Request should be directed to your institution's respective Case Manager or Manager.
4. An Emergency Proclamation may be issued only if the Department determines that an emergency exists under the Bank Emergencies Act. The Act is found at <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1190&ChapterID=20&Print=True>. Please note especially the definition of "emergency" at Section 1 of the Act.
5. No Emergency Proclamation is required for a closure of an office if that office has an attached or adjacent drive-up facility and that facility remained or will remain open for hours at least as long as the office's lobby hours.
6. Regarding expected and planned office closures, the Department recommends review of the Promissory Note and Bank Holiday Act (205 ILCS 630) at <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1195&ChapterID=20&Print=True>.

Request Information

Pursuant to Illinois Banking Emergencies Act [205 ILCS 610], I am an officer of the bank authorized to act on its behalf in carrying out the provision of this Act. I am requesting that an Emergency Proclamation be granted to our bank and certify that the following information provided on this form is true and complete to the best of my knowledge and belief.

Institution Name: _____

Main Office Street Address: _____

Main Office City, State Zip Code: _____

Authorized Officer Name: _____

Authorized Officer Email: _____

Institution Type: State Bank Savings Bank

Indicate Emergency Type (the condition or occurrence which has or may interfere physically with the conduct of the normal business operations and/or poses an imminent or existing threat to the safety or security of persons or property):

Natural Disaster

Civil Unrest

Computer/Network Failure

Power/Electrical Failure

Robbery/Attempted Robbery

Other, Please Specify: _____

Please briefly describe the emergency below:

Bank office locations affected – provide complete addresses:

Dates required for closure:

Existing Emergency Proclamations – provide the date of any other proclamation(s) issued to your institution that is (are) still in effect:

I certify that the information provided on this form is true and complete to the best of my knowledge and belief.

Signature of Officer: _____

Title: _____

Printed Name: _____

Date: _____

Completed By (printed): _____

Phone Number: _____

COMPLETE AND SEND THE FORM ON THE FOLLOWING PAGE ONCE THERE HAVE BEEN CHANGES IN ACTIONS TAKEN AT AFFECTED BRANCH LOCATIONS OR THERE HAS BEEN A RESUMPTION OF NORMAL BUSINESS OPERATIONS.

NOTICE OF CHANGE

Pursuant to Section 3 of the Banking Emergencies Act [205 ILCS 610/3], your institution shall promptly, and not later than seven (7) days after the Emergency Proclamation Request has been made and a Proclamation issued, provide notice of changes in actions taken at affected branch locations or resumption of conduct of normal business operations by emailing this form to your respective Case Manager or Manager.

Date of change in actions taken or resumption of normal business operations:

Bank office locations affected – provide complete addresses:

I certify that the information provided on this form is true and complete to the best of my knowledge and belief.

Signature of Officer: _____

Title: _____

Printed Name: _____

Date: _____

Completed By (printed): _____

Phone Number: _____