



Illinois Department of Financial and Professional Regulation

Division of Banking

Non-Financial Data Survey Form

The Division of Banking is requesting disclosure of information reflected on this form. Disclosure of this information is mandatory. Your institution may not match these specific titles. Please list the contact information for the officers that normally perform these duties or functions at your institution. You may only list one (1) staff member per title.

Institution Name: _____

Institution Street Address: _____

Institution City, State Zip Code: _____

EMAIL ALERT SYSTEM INFORMATION – BROADCAST MESSAGE INFORMATION

Contact Type / Name / Title	Address	Business Phone / E-Mail / Emergency After Hours Phone
Primary E-Mail Contact	_____	_____
_____	_____	_____
_____	_____	_____
Billing Contact (E-Mail)	_____	_____
_____	_____	_____
_____	_____	_____
Main Phone Number	_____	_____
Fax Number	_____	_____

Is this institution publicly traded? Yes No

Does this institution maintain a pension plan for its employees? Yes No

If the pension fund is maintained by this institution, is the pension fund managed by your own trust department?
 Yes No N/A

COMMERCIAL BANK, SAVINGS BANK, & CORPORATE FIDUCIARY KEY OFFICER INFORMATION

Contact Type / Name / Title	Address	Business Phone / E-Mail / Emergency After Hours Phone
Chief Executive Officer	_____	_____
_____	_____	_____
_____	_____	_____
Alternate E-Mail Contact	_____	_____
_____	_____	_____
_____	_____	_____

COMMERCIAL BANK, SAVINGS BANK & CORPORATE FIDUCIARY KEY OFFICER INFORMATION (Cont.)

Contact Type / Name / Title	Address	Business Phone / E-Mail / Emergency After Hours Phone
Chief Operating Officer		
President		
Cashier/CFO		
Trust Officer		
Chairman of the Board		
Compliance Officer		
Default & Foreclosure Contact		

FOREIGN BANKING OFFICE KEY OFFICER INFORMATION

Contact Type / Name / Title	Address	Business Phone / E-Mail / Emergency After Hours Phone
General Manager		
Regional Manager		
Compliance Officer		

**FOREIGN BANK REPRESENTATIVE OFFICE & FOREIGN CORPORATE FIDUCIARY KEY OFFICER
INFORMATION**

Contact Type / Name / Title	Business Address	Business Phone / E-Mail / Emergency After Hours Phone
Annual Renewal Contact		
General Manager at Rep. Office		

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: _____
Typed Name: _____ Date: _____
Completed By (printed): _____ Phone Number: _____

Please Return Form To:

Illinois Department of Financial and Professional Regulation
Division of Banking
ATTN: Compliance Reporting Section, 5th Floor
320 West Washington Street
Springfield, Illinois 62786
Email: IL.Banks@illinois.gov
www.idfpr.com