

To remove and/or change your financial institution's point(s) of contact for FinCEN's Section 314(a) distribution lists, provide the following information, signed by an authorized company official, and forward to:

**New Hampshire Banking Department
Attn: 314(a) Compliance
53 Regional Drive, Suite 200
Concord, NH 03301**

To change your financial institution's Section 314(a) point of contact information on FinCEN's distribution list for receiving information requests, provide the following information, signed by an authorized company official.

ADD NEW 314(a) CONTACT

Financial Institution Name: _____

Business Address: _____

Effective Date of Change: _____

New Point of Contact: _____

(Name)

(Title)

Street Address: _____

Mailing Address: _____
(if different)

E-mail Address: _____

Telephone #: ____ (____) _____

Facsimile Number: ____ (____) _____

The foregoing individual has been appointed and authorized as a point of contact for the Part 314(a) notification process via FinCEN on behalf of this institution. These authorizations shall remain in place until changed by this institution, at which time a notification letter of change must be promptly delivered to the State of New Hampshire Banking Department.

Signed: _____ (Date)

Print Name & Title of Authorized Signor

NOTE: The 314(a) Point of Contact information MUST also be provided on the institution's Quarterly Call Report where indicated.

MAIL THE COMPLETED FORM TO:

**New Hampshire Banking Department
Attn: 314(a) Compliance
53 Regional Drive, Suite 200
Concord, New Hampshire 03301**

To remove an individual from a financial institution's Section 314(a) Point of Contact information on FinCEN's distribution list for receiving information requests, you must provide the following information, signed by an authorized company official, and forward it to:

New Hampshire Banking Department
Attn: 314(a) Compliance
53 Regional Drive, Suite 200
Concord, New Hampshire 03301

REMOVAL OF POINT OF CONTACT REQUEST

Financial Institution Name: _____

On behalf of the above named institution, please remove the following individual as an authorized Point of Contact from the 314(a) notification process via FinCEN immediately.

<i>Name of Point of Contact to be Deleted</i>	<i>Effective Date of Removal</i>
_____	_____
(Print Name)	(Date)

(Title)	

The foregoing individual(s) has/have been removed as the designated Point of Contact for the Part 314(a) notification process via FinCEN on behalf of this institution.

Signed: _____ (Date) _____

Print Name & Title of Authorized Signor