

Advance Branch Closing Notice

General Information and Instructions

Preparation and Use

This notice is used to comply with the 90-day advance notice requirements of 12 U.S.C. 1831r-1 regarding the closing of a full service branch. Branch closings include downgrades to an Automated Teller Machine, and consolidations and relocations that do not meet the short-distance relocation definition included in 12 CFR 5.3(1).

All questions must be answered with complete and accurate information that is subject to verification. If the answer is "none," "not applicable," or "unknown," so state. Answers of "unknown" should be explained.

The questions in the notice are not intended to limit the Applicant's presentation nor are the questions intended to duplicate information supplied on another form or in an exhibit. For such information, a cross reference to the information is acceptable. Any cross-reference must be made to a specific cite or location in the documents, so the information can be found easily. Supporting information for all relevant factors, setting forth the basis for Applicant's conclusions, should accompany the notice. The regulatory agency may request additional information.

This notice form collects information that the OCC will need to process this notice. The OCC must consider the applicable regulatory requirements set forth above when reviewing this notice. For additional information regarding these regulatory requirements, as well as processing procedures and guidelines and any supplemental information that may be required, refer to the OCC's procedural guidelines in the *Comptroller's Licensing Manual*. The Applicant may contact the OCC directly for specific instruction or visit their Web site at <http://www.occ.gov/>.

Submission

In addition to an original notice and the appropriate number of signed copies, submit an electronic copy of the information in the notice, especially of the business plan's financial projections, if applicable. For e-mail submissions, contact the OCC for instructions and information about secure transmission of confidential material.

Confidentiality

Any Applicant desiring confidential treatment of specific portions of the notice must submit a request in writing with the notice. The request must discuss the justification for the requested treatment. The Applicant's reasons for requesting confidentiality should specifically demonstrate the harm (for example, loss of competitive position, invasion of privacy) that would result from public release of information (5 U.S.C. 552 or relevant state law). Information for which confidential treatment is requested should be: (1) specifically identified in the public portion of the application (by reference to the confidential section); (2) separately bound; and (3) labeled "Confidential." The Applicant should follow the same procedure when requesting confidential treatment for the subsequent filing of supplemental information to the application. Contact the OCC for any further questions regarding requests for confidential treatment.

Advance Branch Closing Notice

Applicant

Name Charter Number
Street Address
City County State Zip Code

Parent Company Identifying Information *(if applicable)*:

Name
Street Address
City State Zip Code

Contact Person:

Name Title
Employer
Street Address
City State Zip Code
Phone No. Fax No.
E-mail

Branch(es) to be Closed/Consolidated

Provide the existing location of the branch, attach a list if needed.

1. Branch name (if applicable)
Branch Certification Number
Street Address
City State Zip Code
County

2. Branch name (if applicable)
Branch Certification Number
Street Address
City State Zip Code
County

Overview

1. *[If applicable]* If the closing involves a branch consolidation, please provide the popular name, address, city, and state of the resulting branch.

2. Provide a detailed statement of the reasons for the decision to close the branch.

The decision to close the Cleburne Banking Center was based on the following:

1. The Cleburne Banking Center physical location makes it hard to manage.
 - a. We have difficulties finding staff for the Banking Center
 - b. Due to its location, it is challenging to cover staffing due to illness, vacations, etc., and this has been magnified by the COVID pandemic.
2. The Cleburne Banking Center has a negative profitability trend
3. The deposit growth over the past three years has been flat, with a negative growth rate over three years of (2.85%).
4. Although loan growth has been positive, the size of the portfolio does not generate sufficient income to make the Banking Center profitable.
5. Provide supporting statistical or other information consistent with the bank's written policy on branch closings.

Please see the attached exhibits:

- A. Customer Notice of Branch Closing
- B. Chart of the Banking Center Profitability years ending 2019 – 2021
- C. Chart of the Banking Center Deposits for years ending 2019-2021
- D. Chart of the Loan Portfolio for the years 2019 – 2021

4. Please state the anticipated branch closing date.

October 21, 2022

5. Please include a copy of the 90-day customer notice and indicate the date it was mailed to customers.

Please see the attached exhibit

6. Please submit a copy of the Final Closing Notice after the branch is closed or consolidated. [*Note: You can upload the Final Closing Notice as part of this Advance Branch Closing filing.*]

Please see the attached exhibit

Interstate National Banks Only:

1. Is the closing branch located in a low- or moderate-income area?

Yes No

2. Will the bank be an interstate bank as of the date of the branch closing?

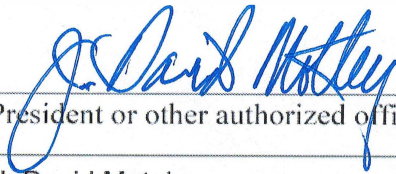
Yes No

OCC CERTIFICATION

I certify that the bank's board of directors, shareholders, or a designated official has authorized the filing of this notice. I certify that the information contained in this notice has been examined carefully and is true, correct, complete and current as of the date of this submission.

I acknowledge that any misrepresentation or omission of a material fact with respect to this notice, any attachments to it, and any other documents or information provided in connection with this notice may be grounds for the OCC to require cessation of the proposed activity, and may subject the undersigned to legal sanctions, including the criminal sanctions provided for in Title 18 of the United States Code.

I acknowledge that the activities and communications by OCC employees in connection with the filing do not constitute a contract, express or implied, or any other obligation binding upon the OCC, the United States, any agency or entity of the United States, or any officer or employee of the United States, and do not affect the ability of the OCC to exercise its supervisory, regulatory and examination authorities under applicable law and regulations. I further acknowledge that the foregoing may not be waived or modified by any employee or agent of the OCC or the United States.



President or other authorized officer

J. David Motely

Typed Name

President

Title

Colonial Savings, F.A.

Employer

Exhibit A - Customer Notice of Branch Closing

July 18, 2022

Name

Address

City, State, ZIP Code

Dear Bank Customer:

At 3pm on October 21, 2022, our Cleburne Banking Center located 110 North Main Street, Cleburne, TX 76033 will close. All accounts currently maintained at this branch will be transferred to our Oakmont Banking Center at 7317 Oakmont Blvd, Fort Worth, TX 76132. **Your accounts will be transferred automatically to the branch. No action by you will be necessary.**

Until the Banking Center closing on October 21, 2022, the Cleburne Banking Center will remain fully operational and you can continue to transact your banking activities as usual. The Cleburne staff will remain in place and you can contact them at 817-774-2265 with any questions.

You may continue to use existing checks, debit cards, etc. as there will be not be any changes to these products and they will continue to work as they have in the past. You may also access your accounts through Colonial's online banking system as well as the Colonial mobile app. If you are not currently using these Colonial services, please contact us to sign up for either or both of these free services which are a part of your account package.

If you have any questions, call us at 817-390-2025. We look forward to serving your banking needs for years to come.

Sincerely,

Rhonda Long

Manager Retail Banking Operations

Exhibit B

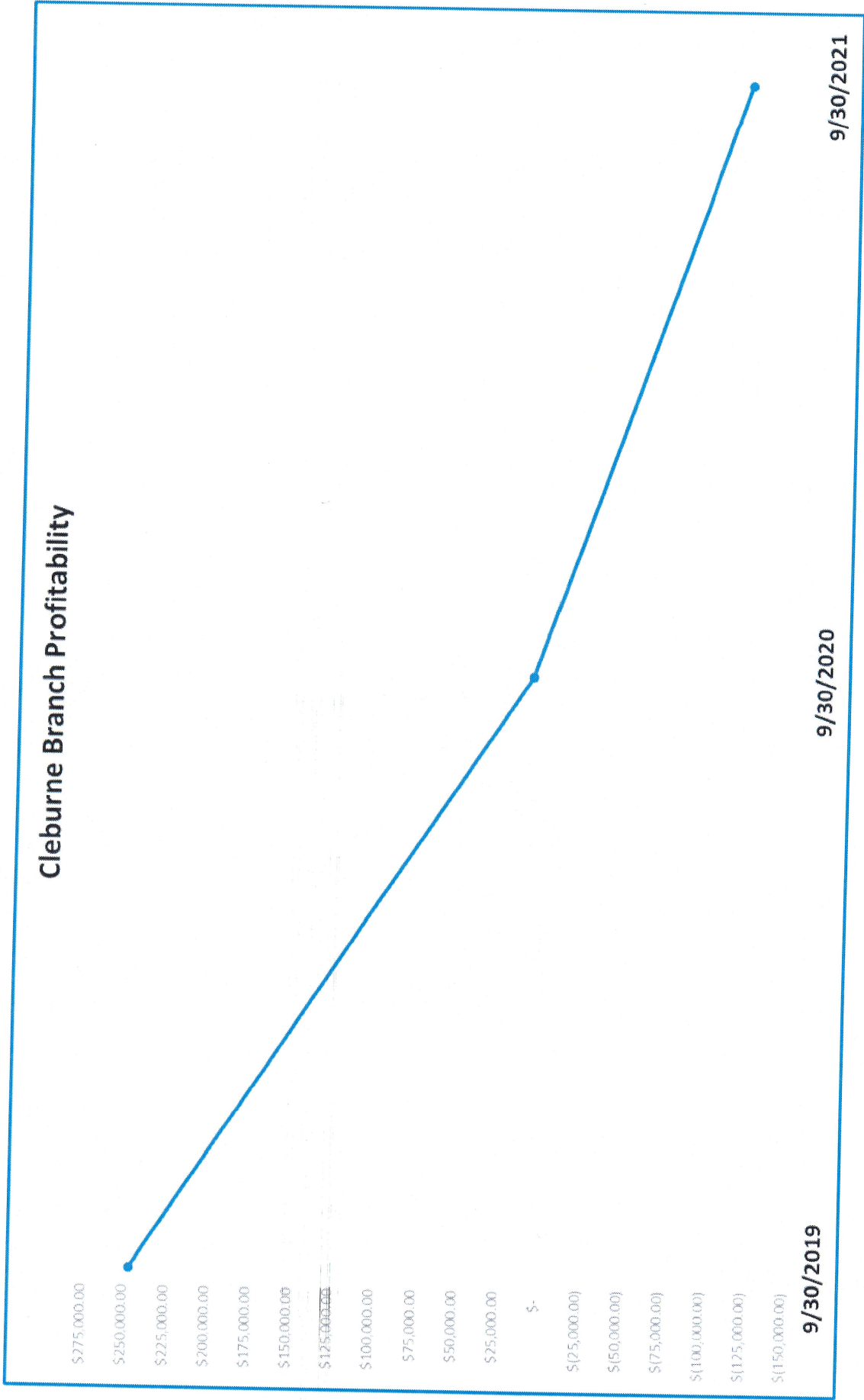


Exhibit C

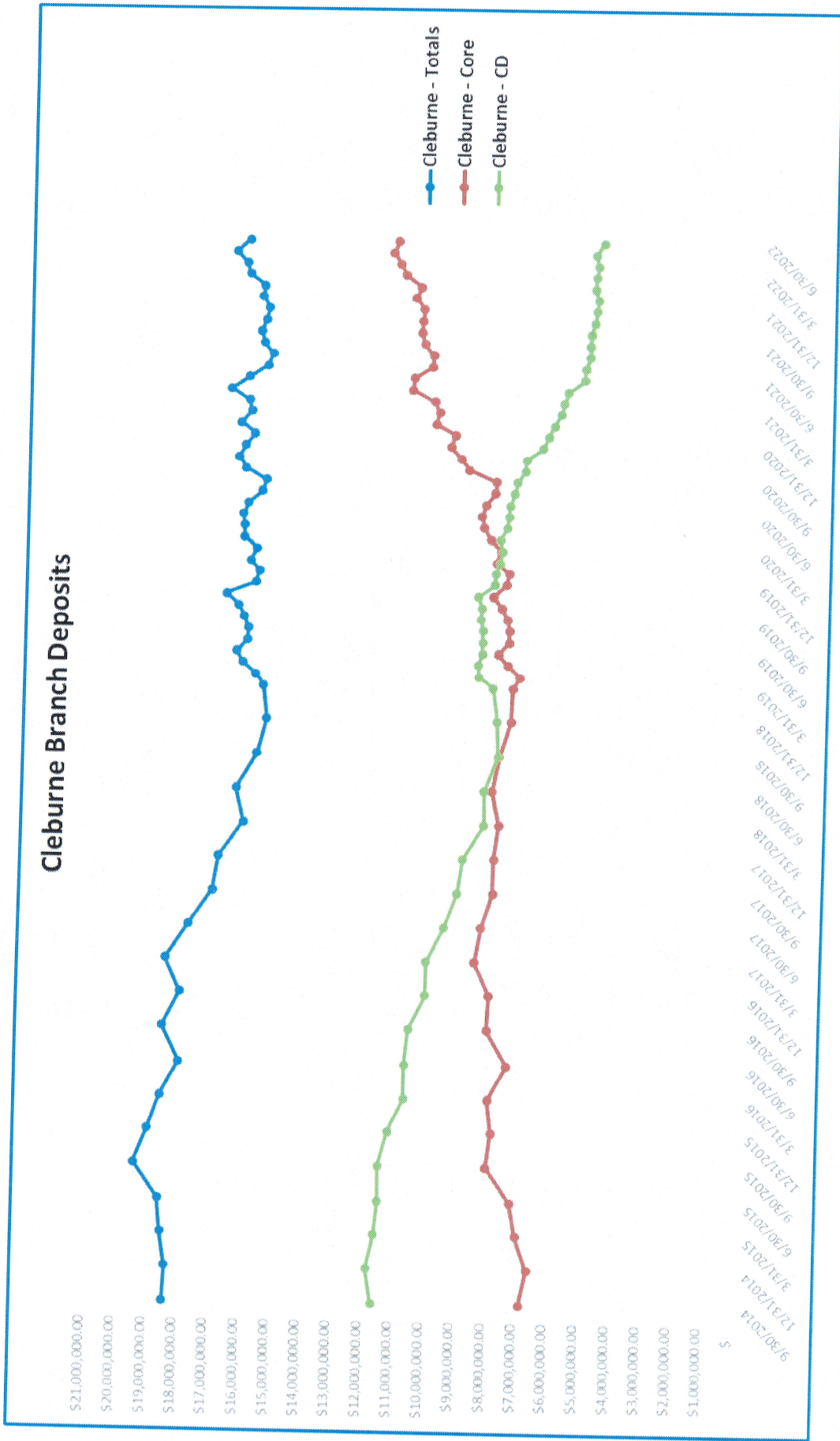
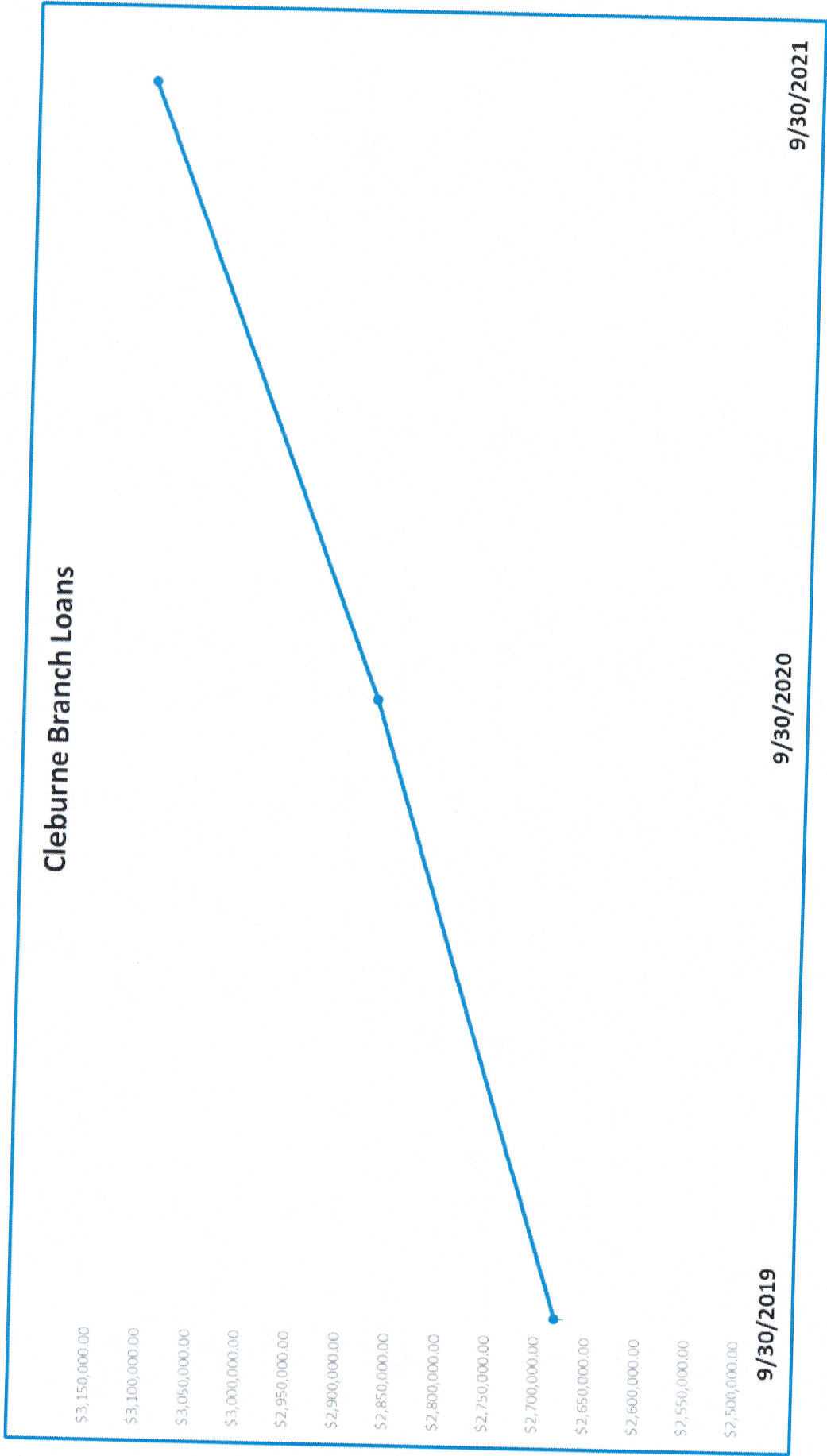


Exhibit D



Final Branch Closing Notice

General Information and Instructions

Preparation and Use

This notice is used to effect a branch closing under 12 U.S.C.1831r-1. This final notice is required for all closings, consolidations, relocations or downgrades of a full service branch to an Automated Teller Machine or night depository.

All questions must be answered with complete and accurate information that is subject to verification. If the answer is "none," "not applicable," or "unknown," so state. Answers of "unknown" should be explained.

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Final Branch Closing Notice

Applicant

Name Charter Number
Street Address
City County State Zip Code

Parent Company Identifying Information *(if applicable)*:

Name
Street Address
City State Zip Code

Contact Person:

Name Title
Employer
Street Address
City State Zip Code
Phone No. Fax No.
E-mail

Branch(es) Closed/Consolidated

Provide the existing location of the branch, attach a list if needed.

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City State Zip Code
County

2. Branch name (if applicable)
Branch Certification Number
Street Address
City State Zip Code
County

Overview

1. *[If applicable]* Provide OCC Control number of advance closing notice.

2. *[If applicable]* Place a check mark next to the Branch name(s) that are short-distance relocation or consolidation pursuant to the Joint Policy Statement on Branch Closing Notices of 1993 (REV). See 12 USC 1831r-1.

3. Provide the date the branch closed.

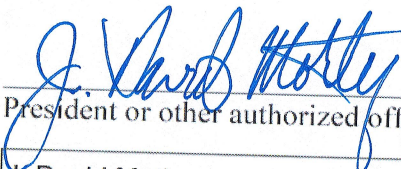
4. *[If applicable]* Provide the consummation date of the sale of a branch to a non-OCC regulated institution.

OCC CERTIFICATION

I certify that the bank's board of directors, shareholders, or a designated official has authorized the filing of this notice. I certify that the information contained in this notice has been examined carefully and is true, correct, complete and current as of the date of this submission.

I acknowledge that any misrepresentation or omission of a material fact with respect to this notice, any attachments to it, and any other documents or information provided in connection with this notice may be grounds for the OCC to require cessation of the proposed activity, and may subject the undersigned to legal sanctions, including the criminal sanctions provided for in Title 18 of the United States Code.

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President or other authorized officer

J. David Motley

Typed Name

President

Title

Colonial Savings, F.A.

Employer