Any attachments to this document are rescinded only as they relate to national banks and federal savings associations.

EXCEPTION SHEET

(Number [Click&type])

Date: [Click&type]						
Management R	Management Response Required by: [Click&type]						
T 4'4 4'	[01: 1-0 +1				D 1 4 N	[CI: -1-0 +1	
Institution:	[Click&type]			Ever	Docket No:	[Click&type]	
City, State:	[Click&type]			Exai	n Date: [Click&type]	
Work Paper R	eference: [Click&type]		Subject:	[Click&type]	1		
	Regulatory Guidance Refe	erence:	[Click&type]				
Background (basis, context):							
Exception No.	1: [Click&type]						
Corrective Action Required: [Click&type]							
T (1 NT)	• [01: 1.0.]						
Exception No. 2		·mal					
Corrective Act	ion Required: [Click&ty	ypej					
Examiner: [Click&type]			Dat	·e:	[Click&type]	
MANAGEMENT RESPONSE [Click&Type] {Response should address each exception and include planned corrective actions, including timetables.}							
Signature: /s/ Date:							
EXAMINER REVIEW							
[Click&Type] {Review should assess whether management's planned corrective actions, including timetables, are adequate/appropriate}							
Signature: /s/			Date	:			