## PRIVACY ACT STATEMENT

The Federal Deposit Insurance Act (12 U.S.C. §§1819, 1821, and 1822) and 12 C.F.R. Part 330 authorize the collection of this information. The FDIC will use the information to assist in the determination of deposit insurance coverage and/or the payment of deposit insurance on deposits of the closed financial institution. The FDIC may disclose this information: 1) to other federal or state financial institution regulatory agencies, to the financial institution which acquired the deposit accounts of the closed financial institution, if any, and to contractors to assist in the determination and/or payment of deposit insurance on deposits of the closed financial institution; 2) to appropriate Federal, State or local agency or responsible authority, to the extent that disclosure is necessary and pertinent for investigating or prosecuting a violation of or for enforcing or implementing a statute, rule, regulation or order, when the information indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by any statute, or by regulation, rule or order issued pursuant thereto; 3) to a court, magistrate, or administrative tribunal in the course of presenting evidence, including disclosure to counsel or witnesses in the ourse of civil discovery, litigation, or settlement negotiations or in connection with criminal w poceedings, when the FDIC is a party to the proceeding or has a significant interest in proceeding and the information is determined to be relevant and ard with any other routine use appropriate for the FDIC's Insured Financial necessary; or 4) in ac 30-64-0013. Submitting this information to the FDIC is Institution Liquidation cords, # at all of the information requested and to complete the form voluntary. Failure, howeve entirely could delay or preclude ne determination of deposit insurance coverage and/or the payment of deposit insurance on e closed financial institution. eposit

Page d wn 3 ccess form FDIC 7200/06

OMB NUMBER: 3064-0143 EXPIRATION DATE: 05/31/2013

## Federal Deposit Insurance Corporation DECLARATION OF INDEPENDENT ACTIVITY

**INSTRUCTIONS**: An executed copy of this Declaration of Independent Activity must be submitted before an insurance determination can be made on your Account. Please be sure to attach to this Declaration of Independent Activity all of the documentation requested in Item 6.

Financial Institution:  Closing Date:					
Αc	ccount Number:				
Сι	ustomer Number:			<u></u>	
1.	The undersigned is		of		
		(Title)(the "Accounthol	lder") and is responsible f	(Name of Organiza for: (Describe Duties)	tion)
2.	The Accountholder is engage	ged in the business of:			
3.	The source of funds for the	above-listed Account was	9/		
4.	The major stockholders (if t Accountholder and their per			he accountholder is a partnership the closing date:	p) of the
5.	The officers and directors o	f the Accountholder on th	e closing date were the fo	onwolld	
6.	year prior to the closing dat	e or the certificate of parti ship Agreement (whicheve	nership filed with the proper is applicable) for the Ac	of State of incorporation dated no per governmental authority; (2) a accountholder; (3a) the most recential statements.	copy of the Articles
7.		ne undersigned, the Accou	` ,	an ownership interest, directly or	indirectly, in any
8.	Corporation ("FDIC") inform and to execute any and all	nation for the above-refere other documents in conne	enced Account at the name ection with the payment of	and deliver to the Federal Depos ned institution and to take any an f insurance on said Account and insured. If not applicable, please	nd all other actions to subrogate to the

## **DECLARATION OF INDEPENDENT ACTIVITY (Continued)**

- The declaration is made to induce the FDIC to pay insurance covering the Account to the extent that the Account is covered by insurance.
- 10. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury under the laws of the United Sta	tes of America that the foregoing is true and correct. I	Executed on:
·		
	Signature	

THE PENALTY FOR KNOWINGLY, AKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE OF ROSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN THAN \$\text{MORESTHAN}\$ (000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).

Print Name

## PAPERWORK REDUCTION ACT NOTICE

The information collected is required for the determination of insured deposits when a financial institution closes in accordance to Deposit Insurance Rules and Regulations. Public reporting burden for this collection of information is es timated to a verage 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other a spect of this collection of information, including suggestions for reducing this burden, to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17<sup>th</sup> Street, N.W., Washington, D.C. 204 29, and the Office of Management and Budget, Paperwork Reduction Project (3064-0143), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.