

Federal Deposit Insurance Corporation  
**POWER OF ATTORNEY**

Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account number: \_\_\_\_\_

Group Number: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

STATE OF: \_\_\_\_\_

The undersigned hereby makes, constitutes and appoints \_\_\_\_\_  
(Name)

of \_\_\_\_\_ my agent and attorney, for me and in my place and  
stead, to make proof of claim for all insured deposits owned by me in the closed financial institution  
\_\_\_\_\_, and to transfer and assign the claim for such insured  
deposits to the Federal Deposit Insurance Corporation and to receive from the Federal Deposit Insurance Corporation  
any money made available by the Federal Deposit Insurance Corporation to pay the insured deposit liability of such  
closed financial institution to me, hereby ratifying everything that my said agent and attorney shall do in the premises  
with like effect as if done by me in person.

\_\_\_\_\_  
Signature of Accountholder

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

SUBSCRIBED AND SWORN TO BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public in and for the above County & State

MY COMMISSION EXPIRES:

\_\_\_\_\_  
Printed Name of Notary Public

**THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).**