
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: _____

Account Number: _____

Group Number: _____

1. The undersigned is _____ of _____
(Title) (Name of Organization)
_____ (the "Accountholder") and is responsible for: (Describe Duties)

2. The Accountholder is engaged in the business of:

3. The source of funds for the above-listed Account was:

4. The major stockholders (if the Accountholder is a corporation) or partners (if the Accountholder is a partnership) of the Accountholder and their percentage ownership interest were the following on the closing date:

5. The officers and directors of the Accountholder on the closing date were the following:

6. Attached are (1) a copy of the certificate of good standing from the Secretary of State of incorporation dated no earlier than one year prior to the closing date or the certificate of partnership filed with the proper governmental authority; (2) a copy of the Articles of Incorporation or Partnership Agreement (whichever is applicable) for the Accountholder; (3a) the most recent separate income tax return filed with the Internal Revenue Service or (b) the most recent financial statements.

7. To the best knowledge of the undersigned, the Accountholder does not have an ownership interest, directly or indirectly, in any other accounts at the closed institution.

8. The undersigned, or any one of them has (have) been authorized to execute and deliver to the Federal Deposit Insurance Corporation ("FDIC") information for the above-referenced Account at the named institution and to take any and all other actions and to execute any and all other documents in connection with the payment of insurance on said Account and to subrogate to the FDIC the Accountholder's rights in said Account to the extent said Account is insured. If not applicable, please check box.

Not Applicable

DECLARATION OF INDEPENDENT ACTIVITY (Continued)

9. 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 States of America that the foregoing is true and correct. Executed on:

Signature

Print Name

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).

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 estimated to average 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 aspect of this collection of information, including suggestions for reducing this burden, to the Paperwork Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, D.C. 20429, 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.