

Federal Deposit Insurance Corporation
DECLARATION FOR JOINT OWNERSHIP DEPOSIT

INSTRUCTIONS: Please type or print all information legibly, date and sign.

Financial Institution: _____

Closing Date: _____

Account Number: _____

Group Number: _____

1. We, _____ declare that we are the owners of all of the funds in the above account (the "Account").
2. We further declare that we own these funds jointly (as joint tenants with right of survivorship, as tenants in common, or as tenants by the entirety).
3. We further declare we own the funds according to the following percentages:

Name	Percentage of Funds Contributed
_____	_____
_____	_____
_____	_____

NOTE: The information above (percentage of funds contributed by each co-owner) may or may not be used by the FDIC in calculating the insurance coverage of the Account. In the case of qualifying joint accounts held as tenants in common, the interests of the co-owners are deemed equal unless otherwise stated in the depository institution's deposit account records. 12 C.F.R. § 330.9(e).

4. Each of the above-named owners is presently living. If any owner is deceased, please indicate name and date of death below.

Name	Date of Death
_____	_____
_____	_____
_____	_____

5. Were the funds in this Account placed by (i) a trustee under a written trust agreement other than the account signature card, (ii) an agent, or (iii) attorney-in-fact? Yes No

If yes, identify the trustee or agent: _____.
Also, attach a true, exact and complete copy of the trust agreement, agency agreement or power of attorney as in effect on the closing date.

6. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account to the extent that the Account is covered by insurance.
7. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: _____.

Signature of Co-Owner Signature of Co-Owner Signature of Co-Owner

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 1/2 hour 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.