
Federal Deposit Insurance Corporation
DECLARATION FOR DEFINED CONTRIBUTION PLAN

INSTRUCTIONS: Please type or print all information legibly, date, and sign. See page 2 for the Paperwork Reduction Act Notice.

Financial Institution: _____

Closing Date: _____

Account Number: _____

Group Number: _____

1. The undersigned is (are) trustee(s) of the _____ Plan (the "Plan") for which account number _____ was established at _____.
2. The plan had at least _____ participants on the closing date.
3. The name of the participant with the largest percentage in the Plan on the closing date is _____.
4. Attached is a report reflecting all participants' account balances in the Plan as of the most recent valuation date of the Plan. The value of all the Plan assets on the date of the attached report was \$ _____.
 - a. State whether any employer contributions have been made to the Plan between the date of the attached report and the closing date which are not reflected on the attached report and list any such contributions.
 None Documentation attached
 - b. State whether any participant contributions (of any type) have been made to the Plan between the date of the attached report and _____, which are not reflected on the attached report and list any such contributions and the name of the participant who made them.
 None Documentation attached
 - c. State whether any amounts have been distributed from the Plan between the date of the attached report and list any such contributions.
 None Documentation attached
 - d. State whether any Participant has elected to direct the investments of his or her account balance. If yes, attach a list of all such participants and indicate the amount of their account balances which are invested in the above account pursuant to the participants' directions and the amount of their account balances which are invested in the above account pursuant to the Trustee's directions.
 None Documentation attached
 - e. State whether any significant event has occurred relating to the Plan (such as a large number of terminations) which makes the attached report misleading as to the current state of the Plan, and explain any such event.
 None Documentation attached

DECLARATION FOR DEFINED CONTRIBUTION PLAN (Continued)

5. The above account is an investment of: *(Check one)*

General Plan assets which are made on behalf of all the participants in the Plan

Self-directed or segregated funds

6. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account(s), to the extent the Account(s) is (are) 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 Trustee

Signature of Trustee

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 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 Paper Reduction Act Clearance Officer, Legal Division, Room MB-3082, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, D.C. 20429. 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.