

Federal Deposit Insurance Corporation
DECLARATION FOR CUSTODIAN DEPOSIT

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

Financial Institution: "Failed Bank"
Closing Date: XX/XX/XXXX
① Account Number: 12345678
② Group Number: 1000

The undersigned, being of lawful age, declares as follows:

1. The undersigned is acting as custodian (the "Custodian") for ^③ Jane Smith (the "Principal") who is my ^④ Daughter. The Principal is the owner of all the funds in the above-referenced account (the "Account").
2. There is no written agreement which sets forth the terms and conditions of the custodial relationship between the Custodian and the Principal, except as may be attached hereto.
- ⑤ 3. To the best knowledge of the undersigned, the Principal does not have an ownership interest in any other accounts at the above institution, whether established by the Principal or by any other agent or custodian acting for the Principal, except as noted here N/A.
4. 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.
5. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

⑥ I declare under penalty of perjury that the foregoing is true and correct. Executed on XX/XX/XXXX.

Bob Smith
Name of Custodian (Please print)

Bob Smith
Signature of Custodian

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).

PAPWORK 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 Paper 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. Any 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.