Federal Deposit Insurance Corporation
DECLARATION FOR DEFINED BENEFIT PLAN

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

Financial Institution: _"Failed BanK"_

Closing Date: _XX/XX/XXXX_

① Account Number: _12345678_

② Group Number: _1000_

1. The undersigned is the actuary for the ③ _Defined Benefit_ Plan (the "Plan") for which account number ④ _1234578_ was established at ⑤ _Failed Bank_ .

2. The undersigned is presently enrolled by the Joint Board for the Enrollment of Actuaries.

⑥ 3. There were _3_ participants in the Plan on the closing date.

⑦ 4. If the above account(s) had an aggregate balance of LESS than $102,000 on the closing date, did the present value of any one participant's accrued benefit (including rollover, other voluntary participant contributions and any other amounts held for the benefit of the participant) exceed 95% of the total Plan assets on the closing date?

   ☐ Yes ☐ No

⑧ 5. The largest percentage interest which any participant had in the Plan on the closing date was _40_ %. The name of such participant is _Joe Johnson_ . The percentage interest in the Plan was determined by dividing the present value of each participant's accrued benefit (including rollover, other voluntary participant contributions and any other amounts held for the benefit of the participant) by the total Plan assets.

⑨ 6. The present value of all participants' accrued benefits in the Plan (including rollover and other participant contributions) was at least _75_ % and no greater than _95_ % of total Plan assets on the closing date.

7. The present value of each participant's accrued benefit was determined for the purpose of this Declaration by using the interest rate and mortality assumptions stated in the Plan.

⑩ 8. The above account is an investment of (*Please check one*):

   ☒ General Plan assets which are made on behalf of all participants in the Plan
   ☐ Self-directed funds or segregated funds

9. Have any participants made voluntary participant contributions, rollover contributions or trustee-to-trustee transfers to the Plan (excluding a trustee-to-trustee transfer from a plan with the same sponsor as the Plan discussed above)?

   ☐ Yes ☒ No

10. Attached is a copy of the most recent actuarial report for the Plan (only required if the account(s) for the Plan exceeds $102,000 or if there are any other accounts for an employee benefit plan with the same sponsor).

11. 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.

⑪ 12. 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 _XX/XX/XXXX_ .

   Mary Smith
   Actuary Signature

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).