OMB NUMBER: 3064-0143 EXPIRATION DATE: 07/31/2008

Federal Deposit Insurance Corporation

DECLARATION FOR JOINT OWNERSHIP DEPOSIT

IN	ISTF	RUCTIONS: Plea		• • •			
Fi	nan	cial Institution:	"Failed B	BANK"	· · · · · · · · · · · · · · · · · · ·		
CI	losin	ng Date:	_xx/xx/xx	XX		· ·	
Ad	ccou	unt Number:	12345678			<u></u>	
Gı	roup	p Number:	1000				
1.		Ve, <u>John</u> he funds in the ab	Smith 4 ove account (the	Jane Sm "Account").	ith	declare that we	are the owners of all of
2.		Ve further declare common, or as ten			s joint tenants wit	h right of survivo	orship, as tenants in
3.	V	Ve further declare	we own the fund	ls according to the	e following percer	itages:	
)			Name		Pe	rcentage of Fur	ids Contributed
	_	John Sn	nith			C 60/	
		Jane Sn	nith			inov.	
4.	th te in E	he FDIC in calcule enants in common nstitution's deposi	ating the insurand n, the interests of t account records	ce coverage of the f the co-owners as 12 C.F.R. § 330	are deemed equa 0.9(e).	e case of qualify I unless otherwi	ying joint accounts held as se stated in the depository indicate name and date
4.	th te in E	he FDIC in calculenants in common nstitution's deposited and of the above- fach of the above- of death below.	ating the insurance on, the interests of t account records -named owners is Name	ce coverage of the f the co-owners as 12 C.F.R. § 330	ne Account. In the are deemed equal 0.9(e). If any owner is d	e case of qualify I unless otherwine eceased, please Date of I	ying joint accounts held as se stated in the depository indicate name and date
4.	th te in E	he FDIC in calculenants in common nstitution's deposited and of the above- fach of the above- of death below.	ating the insurance n, the interests of t account records -named owners is	ce coverage of the f the co-owners as 12 C.F.R. § 330	ne Account. In the are deemed equal 0.9(e). If any owner is d	e case of qualify I unless otherwi eceased, please	ying joint accounts held as se stated in the depository indicate name and date
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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 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. 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.

OMB NUMBER: 3064-0143 EXPIRATION DATE: 07/31/2008

Federal Deposit Insurance Corporation

DECLARATION FOR TESTAMENTARY DEPOSIT (SINGLE GRANTOR)

RUCTIONS: Please type or print all information legibly	, date, and sign. See below for the Paperwork Reduction Act Notice.
ncial Institution: "FAICED BANK"	
ng Date: XX / XX / XXXX	
unt Number: 567987	
5	
I, Bob SMITH (Print or type name) (the "Account") and own all of the funds in the Accoun	, declare that I am the Grantor of the above account
I further declare that my intent in establishing the Accounted by the beneficiaries identified below. The beneficiaries of the Account and the relationship	ount was to provide that the funds in the Account, upon my death, would be of each of them to me are as follows:
NAME OF BENEFICIARY	RELATIONSHIP TO ME
MARY SMITH	WIFE
JEAN SMITH	SISTER
ST. THERESA'S HOSPITAL	N/A
Each of the above-named beneficiaries is presently lideath:	ving. If any beneficiary is deceased, please indicate name and date of
MARY SMOTH AUGUS	7 8, 2004
	and a supplied a supplied and a supp
If the funds in this Account were placed by you as gracard, attach a true, exact and complete copy of the tr	
card, attach a true, exact and complete copy of the to	
card, attach a true, exact and complete copy of the to. This declaration is made to induce the Federal Depos	rust agreement as in effect on the closing date. sit Insurance Corporation to pay insurance covering the Account to the
1	ing Date: XX / XX / XXX X

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).

Note: Please be sure to attach this Declaration to the copy of the Trust Agreement.

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