

Federal Deposit Insurance Corporation  
**DECLARATION FOR JOINT OWNERSHIP DEPOSIT**

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

Financial Institution: "Failed Bank"  
Closing Date: xx/xx/xxxx  
Account Number: 12345678  
Group Number: 1000

①  
②  
③

1. We, John Smith + Jane Smith 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:

④

Name	Percentage of Funds Contributed
<u>John Smith</u>	<u>50%</u>
<u>Jane Smith</u>	<u>50%</u>

**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).

⑤

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
<u>NA</u>	

⑥

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

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: xx/xx/xxxx

John Smith Signature of Co-Owner      Jane Smith 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 Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17<sup>th</sup> 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.

Federal Deposit Insurance Corporation  
**DECLARATION FOR TESTAMENTARY DEPOSIT  
(SINGLE GRANTOR)**

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

Financial Institution: "FAILED BANK"

Closing Date: XX/XX/XXXX

① Account Number: 567987

② Group Number: 300

③ 1. I, BOB SMITH, declare that I am the Grantor of the above account  
(Print or type name)  
(the "Account") and own all of the funds in the Account.

2. I further declare that my intent in establishing the Account was to provide that the funds in the Account, upon my death, would be owned by the beneficiaries identified below.

3. The beneficiaries of the Account and the relationship of each of them to me are as follows:

NAME OF BENEFICIARY	RELATIONSHIP TO ME
<u>MARY SMITH</u>	<u>WIFE</u>
<u>JEAN SMITH</u>	<u>SISTER</u>
<u>ST. THERESA'S HOSPITAL</u>	<u>N/A</u>

4. Each of the above-named beneficiaries is presently living. If any beneficiary is deceased, please indicate name and date of death:

⑤ MARY SMITH AUGUST 8, 2004

5. If the funds in this Account were placed by you as grantor under a written trust agreement, other than the account signature card, attach a true, exact and **complete** copy of the trust agreement 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: 7/8/2008

⑥ Bob Smith  
Signature of Grantor

**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.

**PAPERWORK REDUCTION ACT NOTICE**

The information collected is required for the determination of insured deposits when a financial institution closes in accordance with Deposit Insurance Rules and Regulations. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 17<sup>th</sup> Street, N.W., Washington, D.C. 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0143), Washington, D.C. 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.