
Federal Deposit Insurance Corporation
POWER OF ATTORNEY

Financial Institution: _____

Closing Date: _____

Account number: _____

Group Number: _____

COUNTY OF: _____

STATE OF: _____

The undersigned hereby makes, constitutes and appoints _____
(Name)
of _____ my agent and attorney, for me and in my place and
stead, to make proof of claim for all insured deposits owned by me in the closed financial institution
_____, and to transfer and assign the claim for such insured
deposits to the Federal Deposit Insurance Corporation and to receive from the Federal Deposit Insurance
Corporation any money made available by the Federal Deposit Insurance Corporation to pay the insured
deposit liability of such closed financial institution to me, hereby ratifying everything that my said agent and
attorney shall do in the premises with like effect as if done by me in person.

Signature of Accountholder

Address

Printed Name

Address

SUBSCRIBED AND SWORN TO BEFORE ME, this _____ day of _____, _____.

Signature of Notary Public in and for the above County & State

MY COMMISSION EXPIRES:

Printed Name of Notary Public

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).

PRIVACY ACT STATEMENT

The Federal Deposit Insurance Act (12 U.S.C. §§1819, 1821, and 1822) and 12 C.F.R. Part 330 authorize the collection of this information. The FDIC will use the information to assist in the determination of deposit insurance coverage and/or the payment of deposit insurance on deposits of the closed financial institution. The FDIC may disclose this information: 1) to other federal or state financial institution regulatory agencies, to the financial institution which acquired the deposit accounts of the closed financial institution, if any, and to contractors to assist in the determination and/or payment of deposit insurance on deposits of the closed financial institution; 2) to appropriate Federal, State or local agency or responsible authority, to the extent that disclosure is necessary and pertinent for investigating or prosecuting a violation of or for enforcing or implementing a statute, rule, regulation or order, when the information indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by any statute, or by regulation, rule or order issued pursuant thereto; 3) to a court, magistrate, or administrative tribunal in the course of presenting evidence, including disclosure to counsel or witnesses in the course of civil discovery, litigation, or settlement negotiations or in connection with criminal law proceedings, when the FDIC is a party to the proceeding or has a significant interest in the proceeding and the information is determined to be relevant and necessary; or 4) in accord with any other routine use appropriate for the FDIC's Insured Financial Institution Liquidation Records, # 30-64-0013. Submitting this information to the FDIC is voluntary. Failure, however, to submit all of the information requested and to complete the form entirely could delay or preclude the determination of deposit insurance coverage and/or the payment of deposit insurance on deposits of the closed financial institution.