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Federal Deposit Insurance Corporation  
**DECLARATION FOR POWER OF ATTORNEY**

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

Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account number: \_\_\_\_\_

Group Number: \_\_\_\_\_

1. I, \_\_\_\_\_, being of lawful age, declare that attached hereto is a true and correct copy of the Power of Attorney appointing me as attorney-in-fact for \_\_\_\_\_ (the "Principal").
2. I further declare that I have no knowledge of the revocation or termination of the Power of Attorney, nor has it been terminated by the death, disability or incompetence of the Principal.
3. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the above-referenced Account to the extent that the Account is covered by insurance.
4. 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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney-in-Fact

**Note:** Be sure to attach this Declaration to the copy of the Power of Attorney.

**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).**