

### **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.

Federal Deposit Insurance Corporation  
**DECLARATION FOR PLAN AND TRUST**

**INSTRUCTIONS:** Please type or print all information legibly and sign. Staple this Declaration to the copy of the relevant pages of the Plan and the Trust, adoption agreement, or the IRS letter.

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

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

Account Number: \_\_\_\_\_

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

1. The undersigned is (are) trustee(s) of the Plan and Trust ("Plan and Trust") for which Account Number \_\_\_\_\_ (the "Account") was established at \_\_\_\_\_.

2. The names of all of the trustee(s) of the Plan and Trust on the closing date were:

Names of Trustees

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The Attached is a true, exact, and complete copy of:

a. The pages of the Plan appointing the trustees and showing the trustees' signatures, and

b. Any *one* of:

- (1) The Plan or Trust,
- (2) The most recent determination letter issued by the Internal Revenue Service with respect to the Plan, or
- (3) The adoption agreement if the plan was adopted from a master or prototype plan and in effect on the closing date.

4. Please check the applicable choice. There is  only one or  more than one participant in the Plan.

5. The trustees, or any one of them, have the authority under the Plan and Trust to execute, on behalf of the Trust, this declaration and any and all other documents which the Federal Deposit Insurance Corporation may require to be executed in connection with the payment of insurance on the Account and to bind the Trust by his or her action. If not applicable, check box.  Not applicable

6. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account, to the extent 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 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Signature of Trustee

**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 ACTION 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, Room MB-3082, Federal Deposit Insurance Corporation, 550 17<sup>th</sup> Street, N.W., Washington, D.C. 20429. An agency may not conduct or respond to, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.