
Federal Deposit Insurance Corporation
DECLARATION FOR POWER OF ATTORNEY

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).

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.