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 DEFINED CONTRIBUTION PLAN

INSTRUCTIONS: Please type or print all information legibly, date, and sign. See page 2 for the Paperwork Reduction Act Notice.

Financial Institution: _____

Closing Date: _____

Account Number: _____

Customer Number: _____

1. The undersigned is (are) trustee(s) of the _____ Plan (the "Plan") for which account number _____ was established at _____.

2. The plan had at least _____ participants on the closing date.

3. The name of the participant with the largest percentage in the Plan on the closing date is _____.

4. Attached is a report reflecting all participants' account balances in the Plan as of the most recent valuation date of the Plan. The value of all the Plan assets on the date of the attached report was $ _____.

   a. State whether any employee contributions have been made to the Plan between the date of the attached report and the closing date which are not reflected on the attached report and list any such contributions.

      ☐ None ☐ Documentation attached

   b. State whether any participant contributions (of any type) have been made to the Plan between the date of the attached report and _____, which are not reflected on the attached report and list any such contributions and the name of the participant who made them.

      ☐ None ☐ Documentation attached

   c. State whether any amounts have been distributed from the Plan between the date of the attached report and list any such contributions.

      ☐ None ☐ Documentation attached

   d. State whether any Participant has elected to direct the investments of his or her account balance. If yes, attach a list of all such participants and indicate the amount of their account balances which are invested in the above account pursuant to the participants' directions and the amount of their account balances which are invested in the above account pursuant to the Trustee's directions.

      ☐ None ☐ Documentation attached

   e. State whether any significant event has occurred relating to the Plan (such as a large number of terminations) which makes the attached report misleading as to the current state of the Plan, and explain any such event.

      ☐ None ☐ Documentation attached

DECLARATION FOR DEFINED CONTRIBUTION PLAN (Continued)

5. The above account is an investment of: (*Check one*)

    ☐ General Plan assets which are made on behalf of all the participants in the Plan

    ☐ Self-directed or segregated funds

6. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account(s), to the extent the Account(s) is (are) 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 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 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 17th Street, N.W., Washington, D.C. 20429. 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.