

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, # 30-64-001. 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.

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Federal Deposit Insurance Corporation
DECLARATION FOR IRREVOCABLE TRUST

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 attached Trust (the "Trust") for which the above-referenced account(s) (the "Account(s)") was/were established.

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

3. The settlor(s)/grantor(s) of said Trust and their respective contributions are:

	NAME	PERCENTAGE OF FUNDS
(A)		
(B)		100%

Name Date of Death

4. List the beneficiaries of the Trust :

BENEFICIARY	IF INDIVIDUAL, IS THE PERSON LIVING? (Check applicable box)	
	YES	NO
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

5. The undersigned, or any one of them [STRIKE IF NOT APPLICABLE], has (have) the authority under the Trust to execute, on behalf of the Trust, this Declaration, the claim form and all other documents which the Federal Deposit Insurance Corporation ("FDIC") may require to be executed in connection with the payment of insurance on the Account(s) and to bind the Trust by his or her action.

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.

