

Federal Deposit Insurance Corporation  
**AGREEMENT FOR SERVICES**  
**(EXPERT/LEGAL SUPPORT SERVICES (LSS) PROVIDER)**  
**AMENDMENT**

AGREEMENT FOR SERVICES  
 EFFECTIVE DATE (MM/DD/YYYY)

/ /

**SECTION I – EXPERT OR LEGAL SUPPORT SERVICES PROVIDER INFORMATION**

NAME OF EXPERT OR LEGAL SUPPORT SERVICES PROVIDER

FEDERAL TAX IDENTIFICATION NUMBER

BRANCH/OFFICE LOCATION *(Each office of a multiple office firm/business must complete a separate rate schedule.)*

|                        |      |   |          |                                       |
|------------------------|------|---|----------|---------------------------------------|
| ADDRESS                | CITY | STATE                                   | ZIP CODE | E-MAIL ADDRESS                        |
| NAME OF CONTACT PERSON |      | PHONE NUMBER <i>(Include Area Code)</i> |          | FAX NUMBER <i>(Include Area Code)</i> |

| ADD (A)<br>or<br>DELETE (D) | BILLABLE INDIVIDUAL<br><i>(First, Middle, Last, Suffix)</i><br><i>Alphabetical Order</i> | TITLE | MINORITY STATUS<br>Asian American (A)<br>Black American (B)<br>Hispanic American (H)<br>Native American Indian (N) | GENDER<br><i>(M or F)</i> | HOURLY RATE | FIXED RATE |
|-----------------------------|--|-------|--|---------------------------|-------------|------------|
|                             |  |       |  |                           |             |            |
|                             |  |       |  |                           |             |            |
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|                             |  |       |  |                           |             |            |

**SECTION II – SIGNATURES**

|   |                          |                                    |
|---|--------------------------|------------------------------------|
| SUBMITTED BY <i>(Name and Signature of Expert or LSS Provider or Authorized Representative)</i> | TITLE                    | DATE SIGNED <i>(MM/DD/YYYY)</i>    |
| FDIC DELEGATED APPROVING OFFICIAL <i>(Please print or type)</i>                                 | TITLE                    | DATE SIGNED <i>(MM/DD/YYYY)</i>    |
| SIGNATURE OF FDIC DELEGATED APPROVING OFFICIAL  | LEGAL DIVISION OR OFFICE | EFFECTIVE DATE <i>(MM/DD/YYYY)</i> |

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