

Federal Deposit Insurance Corporation  
**OUTSIDE COUNSEL LEGAL SERVICES AGREEMENT  
RATE SCHEDULE**

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

**INSTRUCTIONS:** Each office of a multiple office firm must complete a separate Outside Counsel Legal Services Rate Schedule. All amendments to this Legal Services Agreement Rate Schedule, i.e., firm's name, Tax Identification Number, address, contract attorney, telephone/fax numbers, billable individual, or additions/deletions must contain the information shown on the Legal Services Agreement Amendment form. Contact the Legal Information Specialist processing your firm's invoice or dial 1 (800) 846-1901 to request copies of the Legal Services Agreement Amendment form or download it from the FDIC Internet at ([http://www.fdic.gov/buying/legal/outside/APPNDX/D\\_3.pdf](http://www.fdic.gov/buying/legal/outside/APPNDX/D_3.pdf)). **NOTE:** Use the mouse to move to the next field. Attach continuation sheets if necessary.

**SECTION I – OUTSIDE COUNSEL INFORMATION**

NAME OF LAW FIRM \_\_\_\_\_ FEDERAL TAX IDENTIFICATION NUMBER \_\_\_\_\_

BRANCH/OFFICE LOCATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

NAME OF CONTACT ATTORNEY \_\_\_\_\_ PHONE NUMBER (Include Area Code) \_\_\_\_\_ FAX NUMBER (Include Area Code) \_\_\_\_\_

BILLABLE INDIVIDUAL <i>(First, Middle, Last) Alphabetical Order</i>	STATE LICENSES	POSITION Partner (P) Associate (A) Paraprofessional (PP) Specify Other Position (O)	YEARS IN PRACTICE	MINORITY STATUS Asian American (A) Black American (B) Hispanic American (H) Native American Indian (N)	GENDER <i>(M OR F)</i>	STANDARD RATE	PERCENT % DISCOUNT	PROPOSED FDIC RATE

**SECTION II – SIGNATURES**

SUBMITTED BY *(Name and Signature of Law Firm's Authorized Representative)* \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SIGNED *(MM/DD/YYYY)* \_\_\_\_\_

NAME OF FDIC DELEGATED APPROVING OFFICIAL *(Please print legibly or type)* \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SIGNED *(MM/DD/YYYY)* \_\_\_\_\_

SIGNATURE OF FDIC DELEGATED APPROVING OFFICIAL \_\_\_\_\_ LEGAL DIVISION OR OFFICE \_\_\_\_\_ EFFECTIVE DATE *(MM/DD/YYYY)* \_\_\_\_\_

**PAPERWORK REDUCTION ACT NOTICE:** Public reporting burden for this collection of information is estimated to average 1.0 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 Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Room MB-3082, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0122), Washington, D.C. 20503. 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.