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. Furnishing 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. The information provided by individuals is protected by the Privacy Act, 5 U.S.C. 552a. The information may be furnished to third parties as authorized by law or used according to any of the other routine uses described in the FDIC Insured Financial Institution Liquidation Records (FDIC-30-64-0013) System of Records. A complete copy of this System of Records is available at http://www.fdic.gov/regulations/laws/rules/2000-4050.html#fdic200030-64-0013. If you have questions or concerns about the collection or use of the information, you may contact the FDIC's Chief Privacy Officer at Privacy@fdic.gov.

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OMB NUMBER: 3064-0143 EXPIRATION DATE: 08/31/2016

Federal Deposit Insurance Corporation

DECLARATION FOR JOINT OWNERSHIP DEPOSIT

IN	STRUCTIONS: Please type or print all information legi	bly, date and sign.		
Fir	nancial Institution:			
Clo	osing Date:			
Ac	count Number:			
Cu	stomer Number:			
1.	We, above account (the "Account").	declare that we are the c	owners of all of the funds in the	
2.	We further declare that we own these funds jointly (as joint tenants with right of survivorship, as tenants in common, or as tenants by the entirety).			
3.	Ve further declare we own the funds according to the following percentages:			
	Name		Percentage of Funds Contributed	
4.	Name Date of Death			
5.	Were the funds in this Account placed by (i) a trustee	under a written trust agreeme	ent other than the account	
	signature card, (ii) an agent, or (iii) attorney-in-fact? Yes No If yes, identify the trustee, agent, or attorney-in-fact: Please attach a true, exact and complete copy of the trust agreement, agency agreement or power of attorney as in effect on the closing date.			
6.	This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account to the extent that the Account is covered by insurance.			
7.	his 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. Exec <u>uted on:</u> .			
	Signature of Co-Owner Signature of	of Co-Owner Si	gnature of Co-Owner	
	THE PENALTY FOR KNOWINGLY MAKING OR INVITI STATEMENT, DOCUMENT OR THING FOR THE PUR FEDERAL DEPOSIT INSURANCE CORPORATION IS A NOT MORE THAN THIRTY YEARS OR BOTH (18 U.S.C.	POSE OF INFLUENCING IN A FINE OF NOT MORE THAN \$1,	ANY WAY THE ACTION OF THE	

PAPERWORK REDUCTION ACT NOTICE

The information collected is required for the determination of insured deposits when a financial institution closes in accordance with the FDIC's deposit insurance regulations. Public reporting burden for this collection of information is estimated to average 1/2 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 Paperwork Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, D.C.20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0143), Washington, D.C. 20503. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information FDIC 7200/08 (8-13) Irrently valid OMB control number.