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The Federal Deposit Insurance Act (12 U.S.C. §§ 1819, 1821, and 1822), 12 C.F.R. Part 330, and Executive Order 9397 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](mailto:Privacy@fdic.gov).

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OMB NUMBER: 3064-0143

EXPIRATION DATE: 07-31-2013

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| Federal Deposit Insurance Corporation  **CLAIMANT VERIFICATION** |
| **INSTRUCTIONS**: Please complete this form if you have an insured deposit which remains unclaimed and/or an outstanding dividend check (“Funds”) associated with the Failed Financial Institution identified below. Please provide a copy of your driver’s license and copies of any information that would help us promptly identify your account. If you are claiming funds on behalf of the account owner please contact [FDICUnclaimed@FDIC.gov](mailto:FDICUnclaimed@FDIC.gov) for additional documentation requirements.  **NOTE**: FDIC will **not** collect any personal information about individuals except when specifically and knowingly provided by such individuals. Examples of such information are: name, address, e-mail address, phone number, etc. Your submitted information is for internal use only and will not be distributed to any other parties. We will not sell, rent, or loan any identifiable information regarding clients to any third party. Any information you give us is held with utmost care and security, and will not be used in ways to which you have not consented. |

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| Name of Closed Bank Financial Institution: | | | | | | | | | | | | | | | | |
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| City and State of Financial Institution: | | | | | | | | | | | | | | | | |
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| FDIC Reference Number: | | | | | | | | | | | | | | | | |
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| Account Owner Name: | | | | | | | | | | | | | | | | |
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| Name *(If different than Account Owner)*: | | | | | | | | | | | | | | | | |
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| Current Home Address: | | | | | | | | | | | | | | | | |
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| City: | | | | | | | State: | | | | ZIP Code: | | | | | |
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| Address on Account *(If different than above)*: | | | | | | | | | | | | | | | | |
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| City: | | | | | | | State: | | | | ZIP Code: | | | | | |
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| Telephone Number: | | | | | | | | Social Security Number/Tax ID Number: | | | | | | | | |
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| Email Address: | | | | | | | | | | | | | | | | |
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**ACKNOWLEDGMENT**

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| State of: |
| County of: |

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| I, | | , affirm that I am the Fund Owner or I am claiming funds on behalf of the Fund Owner | |
| indicated above. | |

I understand that presenting a false or fraudulent claim, in whole or in part, to the Federal Deposit Insurance Corporation may subject me to criminal and/or civil penalties as provided for in 18 U.S.C. §287 and 31 U.S.C. §3729, respectively.

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Signature of Account Owner or Claimant

|  |  |  |
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| SUBSCRIBED AND SWORN TO BEFORE ME, this | day of | , |

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|  |  | |  |
| Signature of Notary Public | |  | Printed Name of Notary Public |

MY COMMISSION EXPIRES:

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| Please mail completed, notarized form to: FDIC  Attention: Unclaimed Funds  1601 Bryan Street  Dallas, TX 75201 |

FDIC 7200/24 (8-13)