

PAPERWORK REDUCTION ACTION NOTICE

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.

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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 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.

Name of Closed Bank Financial Institution: _____

City and State of Financial Institution: _____

FDIC Reference Number: _____

Account Owner Name: _____

Name (If different than Account Owner): _____

Current Home Address: _____

City: _____ State: _____ ZIP Code: _____

Address on Account (If different than above): _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ Social Security Number/Tax ID Number: _____

Email Address: _____

ACKNOWLEDGMENT

State of: _____

County of: _____

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.

Signature of Account Owner or Claimant

SUBSCRIBED AND SWORN TO BEFORE ME, this ____ day of _____, ____

Signature of Notary Public

Printed Name of Notary Public

MY COMMISSION EXPIRES: _____

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