

**FR Y-14A/Q/M as-of 12/31/16**  
**Attestation for Cover Page**

**Attestation**

NOTE: Each bank holding company's board of directors and senior management are responsible for establishing and maintaining an effective system of internal control, including controls over the *Capital Assessments and Stress Testing* information collection (FR Y-14A/Q/M). The *Capital Assessments and Stress Testing* information collection is to be prepared in accordance with instructions provided by the Federal Reserve System. The *Capital Assessments and Stress Testing* information collection must be signed and attested by the chief financial officer or an equivalent senior officer.

I, the undersigned CFO or equivalent senior officer of the named bank holding company, attest that the FR Y-14A report form for this report date has been prepared in good faith using reasonable efforts of the bank holding company to conform with the instructions issued by the Federal Reserve System.

Regarding actual data as-of the reporting period, I, the undersigned CFO or equivalent senior officer of the named bank holding company, attest that management is responsible for the internal controls over the reporting of these data and that these data are materially correct to the best of my knowledge. I attest that the internal controls for the FR Y-14A/Q/M as-of December 31, 2016, are effective and include those practices necessary to provide reasonable assurance as to the accuracy of these data. I attest that the controls are audited at least annually by internal audit or compliance staff, and are assessed regularly by management of the bank holding company. I agree to report material weaknesses in these internal controls and any material errors or omissions in the data submitted to the Federal Reserve promptly as they are identified.

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| Printed Name and Title of Senior Officer | Legal Title of Bank Holding Company                             |
| Signature of Senior Officer              | (Mailing Address of the Bank Holding Company) Street / P.O. Box |
| Date of Signature (MM/DD/CCYY)           | City State Zip Code   |