

Federal Deposit Insurance Corporation
AGREEMENT FOR SERVICES
(EXPERT/LEGAL SUPPORT SERVICES (LSS) PROVIDER)
AMENDMENT

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

SECTION I – EXPERT OR LEGAL SUPPORT SERVICES PROVIDER INFORMATION

| | |
|---|-----------------------------------|
| NAME OF EXPERT OR LEGAL SUPPORT SERVICES PROVIDER | FEDERAL TAX IDENTIFICATION NUMBER |
|---|-----------------------------------|

BRANCH/OFFICE LOCATION *(Each office of a multiple office firm/business must complete a separate rate schedule.)*

| | | | | |
|------------------------|------|---|----------|---------------------------------------|
| ADDRESS | CITY | STATE | ZIP CODE | E-MAIL ADDRESS |
| NAME OF CONTACT PERSON | | PHONE NUMBER <i>(Include Area Code)</i> | | FAX NUMBER <i>(Include Area Code)</i> |

| ADD (A) or DELETE (D) | BILLABLE INDIVIDUAL <i>(First, Middle, Last, Suffix) Alphabetical Order</i> | TIMEKEEPER ID | TITLE | MINORITY STATUS Asian American (A) Black American (B) Hispanic American (H) Native American Indian (N) | GENDER <i>(M or F)</i> | HOURLY RATE | FIXED RATE |
|-----------------------------|--|---------------|-------|--|---------------------------|-------------|------------|
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SECTION II – SIGNATURES

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| SUBMITTED BY <i>(Name and Signature of Expert or LSS Provider or Authorized Representative)</i> | TITLE | DATE SIGNED <i>(MM/DD/YYYY)</i> |
| FDIC DELEGATED APPROVING OFFICIAL <i>(Please print or type)</i> | TITLE | DATE SIGNED <i>(MM/DD/YYYY)</i> |
| SIGNATURE OF FDIC DELEGATED APPROVING OFFICIAL | LEGAL DIVISION OR OFFICE | EFFECTIVE DATE <i>(MM/DD/YYYY)</i> |

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