## **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 purpose for collecting this information is to support the determination of deposit insurance coverage and/or the payment of deposit insurance on deposits of the closed financial institution. Furnishing this information is voluntary but failure to provide the requested information in whole or in part may delay or prevent 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, including law enforcement authorities, 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 <a href="https://www.fdic.gov/about/privacy/index.html">www.fdic.gov/about/privacy/index.html</a>. If you have questions or concerns about the collection or use of the information, you may contact the FDIC's Chief Privacy Officer at <a href="https://www.fdic.gov/about/privacy/index.html">Privacy/@fdic.gov</a>.

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OMB NUMBER: 3064-0143 EXPIRATION DATE: 05/31/2017

## Federal Deposit Insurance Corporation

## **DECLARATION FOR PLAN AND TRUST**

the	Plan and Trust, adoption agreement, or the IRS letter.	
Fin	nancial Institution:	
Clo	osing Date:	
Aco	count Number:	
Cu	stomer Number:	
1.	The undersigned is (are) trustee(s) of the Plan and Trust ("Plan (the "Account") was established at	n and Trust") for which Account Number
2.	The names of all of the trustee(s) of the Plan and Trust on the	closing date were:
	Names of Trustees	
3.	The Attached is a true, exact, and complete copy of:  a. The pages of the Plan appointing the trustees and showing the trustees' signatures, and	
	b. Any <i>one</i> of:	
	<ol> <li>The Plan or Trust,</li> <li>The most recent determination letter issued by the Internal Revenue Service with respect to the Plan, or</li> <li>The adoption agreement if the Plan was adopted from a master or prototype plan and in effect on the closing date.</li> </ol>	
4.	Please check the applicable choice. There is $\square$ only one $\mathit{or}$	more than one participant in the Plan.
5.		Plan and Trust to execute, on behalf of the Trust, this declaration nsurance Corporation may require to be executed in connection Trust by his or her action. If not applicable, check box.   Not
6.	This declaration is made to induce the Federal Deposit Insurextent the Account is covered by insurance.	ance Corporation to pay insurance covering the Account, to the
7,	This declaration, under penalty of perjury, is executed pursuan	t to 28 U.S.C. § 1746.
	I declare under penalty of perjury that the foregoing is true and	correct. Executed on:
	Signature of Trustee	Signature of Trustee

## **PAPERWORK REDUCTION ACT NOTICE**

INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY

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

YEARS, OR BOTH (18 U.S.C. § 1007).

OMB NUMBER: 3064-0143 EXPIRATION DATE: 05/31/2017 EXPIRATION DATE: 05/31/201 may not conduct or respond to, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.