

## Voluntary Liquidation Report of Condition at Commencement of Liquidation

### Applicant

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|------|-------------|
| Name | Charter no. |
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Current street address

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|      |        |       |          |
|------|--------|-------|----------|
| City | County | State | Zip code |
|------|--------|-------|----------|

### Parent Company Identifying Information (if applicable)

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Name

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Street

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|      |       |          |
|------|-------|----------|
| City | State | Zip code |
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### Contact Person

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|      |       |
|------|-------|
| Name | Title |
|------|-------|

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Employer

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Street

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|      |       |          |
|------|-------|----------|
| City | State | Zip code |
|------|-------|----------|

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|               |         |                |
|---------------|---------|----------------|
| Telephone no. | Fax no. | E-mail address |
|---------------|---------|----------------|

Report of condition at commencement of liquidation filed pursuant to 12 CFR 5.48(e)(4)

Liquidation start date:

Liquidation account outstanding balance (if applicable):

I, the undersigned, being the liquidating agent/correspondent, certify the attached report of assets and liabilities (*for the most recent month end*) to be a true statement, to the best of my knowledge and belief.

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(Liquidating agent) (*Correspondent for committee*)

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(Committee member)

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(Committee member)

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(Committee member)

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(Committee member)

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Signature date:

***[A majority of the liquidating committee must sign this document.]***