Federal Deposit Insurance Corporation DECLARATION OF INDEPENDENT ACTIVITY FOR UNINCORPORATED ASSOCIATION

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 www.fdic.gov/about/privacy/index.html. 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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INSTRUCTIONS : An executed copy of this Declaration of Independent Activity for Unincorporated Association must be submitted before an insurance determination can be made on your Account. Please be sure to attach to this Declaration of Independent Activity for Unincorporated Association all of the documentation requested in Item 6.
Financial Institution:

Cl	osing Date:							
Ac	ccount Number:							
Сι	ustomer Number:							
1.	The undersigned is _		(Title)	tholder") and is re	ofsponsible for:		Drganization) es)	_
2.	Under the Federal De insurance purposes v social or other nonco	henever there i	is an association of t	wo or more perso	ns formed for	some religious,	educational, charit	able,
3.	The source of funds f	or the above-list	ted Account was:					_
4.	The members of the /	Accountholder a	are the following: (Do	o not complete if th	ne number of	members excee	eds ten).	
5.	The officers of the Ac	countholder on	the closing date were	e the following:				_
6.	Attached are copies of status of the Account		(1) the charter or byl	laws of the Accour	ntholder; and	(2) evidence ref	lecting the tax-exe	— npt

7. Does the Accountholder have an ownership interest, directly or indirectly, in any other accounts at the closed institution?

Yes (Please provide account numbe	rs):
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No

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DECLARATION OF INDEPENDENT ACTIVITY FOR UNINCORPORATED ASSOCIATION (Continued)

- 8. The undersigned, or any one of them, has (have) been authorized to execute and deliver to the FDIC information concerning the above-referenced Account at the closed institution and to take any and all other actions and to execute any and all other documents in connection with the payment of insurance on such Account and to subrogate to the FDIC the Accountholder's rights in such Account to the extent such Account is insured. If not applicable, please check box. O Not Applicable
- 9. The declaration is made to induce the FDIC to pay insurance covering the Account to the extent that the Account is covered by insurance.
- 10. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on: ______.

Signature

Print Name

THE PENALTY FOR KNOWINGLY MAKING OR INVITING RELIANCE ON ANY FALSE, FORGED OR COUNTERFEIT STATEMENT, DOCUMENT OR THING FOR THE PURPOSE OF INFLUENCING IN ANY WAY THE ACTION OF THE FEDERAL DEPOSIT INSURANCE CORPORATION IS A FINE OF NOT MORE THAN \$1,000,000 OR IMPRISONMENT FOR NOT MORE THAN THIRTY YEARS, OR BOTH (18 U.S.C. § 1007).

PAPERWORK REDUCTION ACT NOTICE

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 <u>.5</u> hours 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 may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.