OMB NUMBER: 3064-0143 EXPIRATION DATE: 08/31/2020

# Federal Deposit Insurance Corporation **DECLARATION FOR JOINT OWNERSHIP DEPOSIT**

### **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 Privacy@fdic.gov.

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## Federal Deposit Insurance Corporation

## **DECLARATION FOR JOINT OWNERSHIP DEPOSIT**

INS	STRUCTIONS: Please type or print all information leg	ibly, date and sign.
Fin	nancial Institution:	
Clc	osing Date:	
Acı	count Number:	
Cu	ustomer Number:	
1.	We,above account (the "Account").	declare that we are the owners of all of the funds in the
2.	We further declare that we own these funds jointly (a common, or as tenants by the entirety).	as joint tenants with right of survivorship, as tenants in
3.	We further declare we own the funds according to the	e following percentages:
	Name	Percentage of Funds Contributed
	the FDIC in calculating the insurance coverage of the	he Account. In the case of qualifying joint accounts held as
4.		Date of Death
	tenants in common, the interests of the co-owners a institution's deposit account records. 12 C.F.R. § 330 If any owner is deceased, complete the following.  Name  Were the funds in this Account placed by (i) a trustee signature card, (ii) an agent, or (iii) attorney-in-fact?	Date of Death  under a written trust agreement other than the account
	tenants in common, the interests of the co-owners a institution's deposit account records. 12 C.F.R. § 330 If any owner is deceased, complete the following.  Name  Were the funds in this Account placed by (i) a trustee signature card, (ii) an agent, or (iii) attorney-in-fact? [  If yes, identify the trustee, agent, or attorney-in-fact:	Date of Death  under a written trust agreement other than the account
5.	tenants in common, the interests of the co-owners a institution's deposit account records. 12 C.F.R. § 330 If any owner is deceased, complete the following.  Name  Name  Were the funds in this Account placed by (i) a trustee signature card, (ii) an agent, or (iii) attorney-in-fact? [ If yes, identify the trustee, agent, or attorney-in-fact: _Please attach a true, exact and complete copy of the in effect on the closing date.	Date of Death  Under a written trust agreement other than the account  Yes No  trust agreement, agency agreement or power of attorney as  sit Insurance Corporation to pay insurance covering the
ō.	tenants in common, the interests of the co-owners a institution's deposit account records. 12 C.F.R. § 330 If any owner is deceased, complete the following.  Name  Name  Were the funds in this Account placed by (i) a trustee signature card, (ii) an agent, or (iii) attorney-in-fact? [ If yes, identify the trustee, agent, or attorney-in-fact: Please attach a true, exact and complete copy of the in effect on the closing date.  This declaration is made to induce the Federal Deposit	Date of Death  under a written trust agreement other than the account  Yes No  trust agreement, agency agreement or power of attorney as sit Insurance Corporation to pay insurance covering the insurance.
ō.	tenants in common, the interests of the co-owners a institution's deposit account records. 12 C.F.R. § 330 If any owner is deceased, complete the following.  Name  Name  Were the funds in this Account placed by (i) a trustee signature card, (ii) an agent, or (iii) attorney-in-fact? [If yes, identify the trustee, agent, or attorney-in-fact: Please attach a true, exact and complete copy of the in effect on the closing date.  This declaration is made to induce the Federal Depos Account to the extent that the Account is covered by in this declaration, under penalty of perjury, is executed.	Date of Death  under a written trust agreement other than the account  Yes No  trust agreement, agency agreement or power of attorney as sit Insurance Corporation to pay insurance covering the insurance.

#### **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 17<sup>th</sup> Street, N.W., Washington, D.C.20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-

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EXPIRATION DATE: 08/31/2020 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.