

## **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](http://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](mailto:Privacy@fdic.gov).

## **PAPERWORK REDUCTION ACT NOTICE**

The information collected I required for the determination of insured deposits when a financial institution closes in accordance to deposit insurance rules and regulations. Public reporting burden for this collection of information is estimated to average  $\frac{1}{2}$  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 Paper 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 (3064-0143), 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.

Page down to access form FDIC 7200/09

Federal Deposit Insurance Corporation  
**DECLARATION FOR TESTAMENTARY DEPOSIT (IN TRUST FOR OR PAYABLE ON DEATH)**

**INSTRUCTIONS:** Please type or print all information legibly, date, and sign.

Financial Institution: \_\_\_\_\_  
 Closing Date: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Customer Number: \_\_\_\_\_

1. The undersigned is (are) Grantor(s) of the above account (the "Account") and constitute all of the persons who own all of the funds in the Account:

	PERCENTAGE OF FUNDS CONTRIBUTED TO THIS ACCOUNT
(A) _____	_____
(B) _____	_____

**Note:** Percentages must equal 100%

**NOTE:** The information above (percentage of funds contributed by each co-owner) may or may not be used by the FDIC in calculating the insurance coverage of the Account. In the case of qualifying joint accounts held as tenants in common, the interests of the co-owners are deemed equal unless otherwise stated in the depository institution's deposit account records. 12 C.F.R. § 330.10(f).

If any grantor is deceased, complete the following:

NAME	DATE OF DEATH
_____	_____
_____	_____

2. I (We) further declare that my (our) intent in establishing the Account was to provide that the funds in the Account, upon my (our) death would be owned by the beneficiaries identified below.

3. The beneficiaries of the Account are as follows:

4. BENEFICIARY	BENEFICIARY TYPE <i>(Individual/Charity/ Non-Profit)</i>	IF INDIVIDUAL, IS THE PERSON LIVING? <i>(Check applicable box)</i>		IF CHARITY OR NON-PROFIT, IS IT RECOGNIZED BY THE IRS? <i>(Check applicable box)</i>		If the
		Yes	No	Yes	No	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

funds in this Account were placed by you as grantors under a written trust agreement, other than the account signature card, attach a true, exact and **complete** copy of the trust agreement as in effect on the closing date. **Note:** Be sure to attach this Declaration to the copy of the Trust agreement.

5. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account to the extent that the Account is covered by insurance.

---

6. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

I declare under penalty of perjury that the foregoing is true and correct. Executed on: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Grantor

\_\_\_\_\_  
Signature of Grantor

**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).**