
Federal Deposit Insurance Corporation
DECLARATION FOR REVOCABLE LIVING TRUST

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 you provide may be provided to appropriate Federal, state, local or foreign law enforcement authorities; to a court, administrative tribunal, or a party in litigation; to contractors, agents and other third parties as authorized by law, and in accordance with 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. 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.

PAPERWORK REDUCTION ACT NOTICE

The information collected is required for the determination of insured deposits when a financial institution close in accordance with the FDIC's deposit insurance regulations. Public reporting burden for this collection of information is estimated to average 30 minutes 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 unless it displays a currently valid OMB control number.

NOTE: 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).

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INSTRUCTIONS: When receiving deposit insurance, this form identifies both owner(s) of the funds on deposit along with their beneficiaries when the financial institution failed. The Federal Deposit Insurance Corporation completes Section I - Financial Institution; and the Depositor/Representative completes Sections II - Declaration. The Depositor ID is provided by the Federal Deposit Insurance Corporation (FDIC). Select "Email Form" to submit completed form, supporting documents, and required attachments to Depositorservices@fdic.gov or mail form and all supporting documents to the Claims Department at 600 North Pearl Street, Suite 700, Dallas, TX 75201. For questions, contact Depositor Claims Agent at 972-761-2112.

SECTION I - FINANCIAL INSTITUTION

1. Name	2. Closing Date
3. Account Number	4. Depositor ID

SECTION II - DECLARATION

5. The undersigned is (are) trustee(s) of the attached Trust (the "Trust") for which the above-referenced account(s) (the "Account(s)") was/were established. Attach Trust to email when you select the "Email Form" button at the top of form.

6. The names of all the trustee(s) of said Trust on the closing date were:

_____	_____
_____	_____
_____	_____
_____	_____

7. The settlor(s)/grantor(s) of said Trust and their respective contributions are:

Settlor/Grantor Name	Percentage of Funds Contributed to this Account
_____	_____
_____	_____
_____	_____
_____	_____

(NOTE: Percentages must equal 100%)

If the grantor is deceased, complete the following:

Deceased Name	Date of Death
_____	_____
_____	_____
_____	_____
_____	_____

8. List the beneficiaries of the Trust:

Beneficiary	Beneficiary Type	Is Individual Living?		If Charity or Non-Profit, Is It Recognized By The IRS?	
		Yes	No	Yes	No
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. The undersigned, or any one of them [STRIKE IF NOT APPLICABLE], has (have) the authority under the Trust to execute, on behalf of the Trust, this Declaration and all other documents which the Federal Deposit Insurance Corporation may require to be executed in connection with the payment of insurance on the Account(s) and to bind the Trust by his or her action.

10. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account(s), to the extent the Account(s) is (are) covered by insurance.

11. 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: _____

 (Trustee Name) (Trustee Signature)

 (Trustee Name) (Trustee Signature)

NOTE: Be sure to attach the Trust documents to this Declaration.