OMB Number: 3064-0143 Expiration Date: 09/30/2023

Federal Deposit Insurance Corporation DECLARATION FOR IRA/KEOGH 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 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.

PAPER 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 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 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. Any 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.

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: The Federal Deposit Insurance Corporation completes Section I of this form, and the Depositor/Representative completes Section II. The Depositor ID is provided by the Federal Deposit Insurance Corporation (FDIC). Submit completed forms to Depositorservices@fdic.gov by selecting the "Email Form" button 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	
 apply): An individual retirement account (IRA) described in section. An eligible deferred compensation plan described in section. An individual account plan defined in section 3(34) of the. or a plan described in section 401(d) of the Internal Rever beneficiaries have the right to direct the investment of ass. 6. The trustee or administrator of the retirement plan(s) identified. 	dence reflecting the authority of the trustee or administrator to serve in etter or other appropriate evidence.)
8. The owner of the Account is(Name of Owner	er)
attached hereto. (Attach the IRA or Keogh or other agreeme	e deposit owner is governed by the agreement(s) or document(s) ent(s) in effect on the closing date. If the agreement is very lengthy, see or administrator entered into an agreement with the deposit owner.)
 This declaration is made to induce the Federal Deposit Insuthat the Account is covered by insurance. 	urance Corporation to pay insurance covering the Account to the extent
11. This declaration, under penalty of perjury, is executed pursuance I declare under penalty of perjury that the foregoing is true a	
(Trustee or Administrator Name)	(Trustee or Administrator Signature)