
Federal Deposit Insurance Corporation
DECLARATION FOR HEALTH AND WELFARE PLAN

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 closes in accordance with the FDIC's deposit insurance regulations. Public reporting burden for this collection of information is estimated to average 1 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.

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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). Select "Email Form" button 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 the trustee or administrator for the _____ Plan (the "Plan"), for which the above account(s) was (were) established at the above insured depository institution. (If the undersigned is not the trustee or administrator for the Plan, please attach an explanation as to why the undersigned and not the administrator has completed this form.)
6. The Plan is a welfare plan that provides medical, dental, life insurance or similar benefits to employees. Also, it is an "employee benefit plan" as that term is defined in section 3(3) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. § 1002). The Plan was sponsored by _____.
7. The above account or accounts represent an investment of general Plan assets for the benefit of all participants in the Plan. The accounts do not represent self-directed funds or segregated funds for particular participants. (If the accounts represent self-directed funds or segregated funds for particular participants, you should attach a separate report that reflects (A) the names of the Plan participants for whom the accounts were held; and (B) the amount held in the accounts for each such participant. Also, you should attach copies of the agreements that authorize these participants to direct funds into the accounts or to serve as beneficiaries of the segregated funds in the accounts.)
8. On the closing date, the value of all general Plan assets (including but not limited to the deposits in the above account(s)) was _____.
9. The insurance coverage of the deposits of an employee benefit plan is governed by 12 C.F.R. § 330.14. Under that section of the FDIC's insurance regulations, the deposits must be divided into the following categories: (1) funds representing the "non-contingent interests" (as defined below) of the Plan participants; (2) funds representing the "contingent interests" of the Plan participants; and (3) funds representing any "overfunding" of the Plan. In this case, the value of all general Plan assets (including but not limited to the deposits in the above account(s)) can be divided as follows:
- Combined dollar amount of participants' "non-contingent interests." _____
- Dollar amount of contingent interests: _____
- Dollar amount of overfunding: _____
10. On the closing date, the number of participants in the Plan was _____.

11. If you have reported any of the Plan assets as representing “non-contingent interests,” please attach an explanation. For deposit insurance purposes, a “non-contingent interest” is defined as “an interest capable of determination without evaluation of contingencies except for those covered by the present worth tables and rules of calculation for their use set forth in § 20.2031-7 of the Federal Estate Tax Regulations (26 CFR 20.2031-7) or any similar present worth or life expectancy tables as may be published by the Internal Revenue Service.” 12 C.F.R. § 330.14(f)(4).
12. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the above account(s) to the extent provided by law.
13. 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 or Administrator Name)

(Trustee or Administrator Signature)

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).

