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

Federal Deposit Insurance Corporation

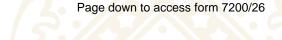
DEPOSITOR INTERVIEW

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 1/2 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.



FDIC 7200/26 (1-22) Page 1 of 3

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

Federal Deposit Insurance Corporation **DEPOSITOR INTERVIEW**

INSTRUCTIONS: The Federal Deposit Insurance Co	orporation Claims Agent completes this	s form.		
SECTION I - FINANCIAL INSTITUTION				
Financial Institution Name		2. Fund Number		
3. Case Number	4. Depositor ID	-		
5. Depositor Name	6. Telephone	7. Email		
SECTION II - INTERVIEW	ALAR			
 Verify the address and last four digits of the Taype on the account, you may need a power of attorned Address 	y from the account owner.	TIN/SSN		
 Access the Account Ownership Summary Statem If any accounts owned are missing from the AOS with the listed depositor accounts. 				
10 Are all account owners living? If any account hol	ders are deceased, indicate name and	I date of death.		
Name		Date of Death		
11411/5://		A Holl		
11. Does the Depositor have accounts in the REV-IT	F, REV-LIV, IRR, BUS-ESC, GOV-ES	C, or EBP insurance categories?		
The depositor will need to provide documentation	and complete the appropriate Declara	ation. Has documentation been provided?		
Yes No (Ask depositor to email, fax, or n	nail as soon as possible.)			
12. Is the Depositor holding any official items of the big Disbursement Checks? Yes No	oank, e.g., Cashier's Checks, Money C	orders, Interest Checks, or Loan		
The official item(s) may need to be aggregated w	rith the Depositor's other accounts to d	<mark>etermin</mark> e ins <mark>uranc</mark> e coverage.		
13. Does the Depositor have a loan with the bank?				
Yes (Refer the depositor to the Asset Department of the Asset Departme	nent to discuss this matter in detail.)			
 Issuance of the Notice of Insurance Determination 	on Letter. Explain that the depositor ha	s an approved claim against the		
Receivership for uninsured funds and may receive approved deposit claimants.		•		
15. Discuss with the depositor any EDIC holds or de	hits posted to their accounts and the in	maget on their ability to transact business		

FDIC 7200/26 (1-22) Page 2 of 3

on these accounts.

SECTION III - CLAIMS AGENT REVIEW

16. Comments

17. Name	18. Signature	19. Date of Interview



FDIC 7200/26 (1-22) Page 3 of 3