
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 $\frac{1}{2}$ 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 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 Claims Agent completes this form.

SECTION I - FINANCIAL INSTITUTION

1. Financial Institution Name	2. Fund Number	
3. Case Number	4. Depositor ID	
5. Depositor Name	6. Telephone	7. Email

SECTION II - INTERVIEW

8. Verify the address and last four digits of the Taxpayer Identification Number (TIN/SSN) on the account. If the person does not sign on the account, you may need a power of attorney from the account owner.

Address TIN/SSN

9. Access the Account Ownership Summary Statement (AOSS) and confirm the depositor's ownership in all deposit accounts listed. If any accounts owned are missing from the AOSS, determine if they need to be added to the depositor's case file and aggregated with the listed depositor accounts.

10. Are all account owners living? If any account holders are deceased, indicate name and date of death.

Name Date of Death

11. Does the Depositor have accounts in the REV-ITF, REV-LIV, IRR, BUS-ESC, GOV-ESC, or EBP insurance categories?
 Yes No

The depositor will need to provide documentation and complete the appropriate Declaration. Has documentation been provided?

Yes No *(Ask depositor to email, fax, or mail as soon as possible.)*

12. Is the Depositor holding any official items of the bank, e.g., Cashier's Checks, Money Orders, Interest Checks, or Loan Disbursement Checks? Yes No

The official item(s) may need to be aggregated with the Depositor's other accounts to determine insurance coverage.

13. Does the Depositor have a loan with the bank?

Yes *(Refer the depositor to the Asset Department to discuss this matter in detail.)*

No

14. Issuance of the Notice of Insurance Determination Letter. Explain that the depositor has an approved claim against the Receivership for uninsured funds and may receive periodic dividend distributions, paid on a pro-rata basis, along with the other approved deposit claimants.

15. Discuss with the depositor any FDIC holds or debits posted to their accounts and the impact on their ability to transact business on these accounts.

SECTION III - CLAIMS AGENT REVIEW

16. Comments

17. Name

18. Signature

19. Date of Interview

