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Federal Deposit Insurance Corporation  
**DECLARATION FOR TRUST ACCOUNT**

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**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 request 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 Financial Institution Resolution and Receivership Records (FDIC-013) System of Records. A complete copy of this System of Records is available at [www.fdic.gov/privacy](http://www.fdic.gov/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](mailto: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 60 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.

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**INSTRUCTIONS:** Submit completed forms electronically to [Depositorservices@fdic.gov](mailto:Depositorservices@fdic.gov) or by mail to the FDIC Claims Department at 600 North Pearl Street, Suite 700, Dallas, TX 75201. (Include all supporting documentation.) For expedited processing, complete the declaration using the Failed Bank Customer Service Center at <https://resolutions.fdic.gov/claimsportal/s/>. Send questions to [Depositorservices@fdic.gov](mailto:Depositorservices@fdic.gov).

**SECTION I - FINANCIAL INSTITUTION**

1. Name of Failed Bank	2. Closing Date
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**SECTION II - TRUST ACCOUNT INFORMATION**

3. Name of Trust	
4. Account Number	5. Telephone Number

**SECTION III - DECLARATION FOR TRUST ACCOUNT**

6. 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.

7. The names of all the trustee(s) of said Trust on the closing date were: *(If you need more space, please attach a separate sheet of paper.)*

<b>TRUSTEE(S) NAME</b> <i>(First, Middle, Last, Generation or Entity Name)</i>	<b>LAST 4-DIGITS OF TAX ID</b> <i>(SSN, ITIN, or EIN)</i>

8. The grantor(s)/settlor(s) of the Trust are: *(If you need more space, please attach a separate sheet of paper.)*

<b>GRANTOR(S)/SETTLOR(S) NAME</b> <i>(First, Middle, Last, Generation or Entity Name)</i>	<b>LAST 4-DIGITS OF TAX ID</b> <i>(SSN, ITIN, or EIN)</i>	<b>IS GRANTOR/SETTLOR ALSO A BENEFICIARY OF THE TRUST?</b>			<b>IF GRANTOR/SETTLOR IS DECEASED, ENTER DATE OF DEATH</b>
		Yes	No	N/A	
		<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. List all beneficiaries of the Trust that receive **cash assets** under the trust: *(If you need more space, please attach a separate sheet of paper.)*

BENEFICIARY(IES) NAME <i>(First, Middle, Last, Generation or Entity Name)</i>	LAST 4-DIGITS OF TAX ID <i>(SSN, ITIN, or EIN)</i>	BENEFICIARY TYPE <i>(Primary or Contingent)</i>	IF INDIVIDUAL, IS THE PERSON LIVING AT THE TIME OF BANK FAILURE?			IF CHARITY OR NON-PROFIT, IS THE ENTITY ACTIVE AND RECOGNIZED BY THE IRS?		
			Yes	No	N/A	Yes	No	N/A
_____	_____	_____	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. The undersigned, or any one of them, 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 attester by their action.

11. All copies of Trust documents have been submitted to the Federal Deposit Insurance Corporation with this declaration.

12. 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.

13. This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.

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).

I declare under penalty of perjury that the foregoing is true and correct.

I understand the Federal Deposit Insurance Corporation retains the right to collect any overpayment of deposit insurance made to any depositor, including any overpayment made due to the existence of false or misleading information provided to the Federal Deposit Insurance Corporation.

I understand that once I sign and submit this Declaration for Trust Account, I will no longer be able to make changes to the submitted documents.

\_\_\_\_\_  
 Attesting Individual Name *(Please Print)*

\_\_\_\_\_  
 Attester Signature

\_\_\_\_\_  
 Date Executed

\_\_\_\_\_  
 Attesting Individual Name *(Please Print)*

\_\_\_\_\_  
 Attester Signature

\_\_\_\_\_  
 Date Executed

NOTE: Please attach a copy of the Trust and any additional supporting documents such as amendments or addendums and certificate(s) of death. Please include only documents dated prior to or as of the failed bank closing date. Changes made to the Trust or any amendment or addendum created after the closing date of the failed bank will not be considered as part of the insurance determination.