



Financial Institution: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### DECLARATION FOR HEALTH AND WELFARE PLAN

1. The undersigned is (are) \_\_\_\_\_ (s) of the \_\_\_\_\_ Plan ("Plan") for which the above Account (the "Account") was established.
2. The Plan is a welfare plan that provides medical, dental, life insurance and/or similar benefits to participants.
3. The Plan had at least \_\_\_\_\_ participants on the closing date.
4. The value of all the Plan assets on the closing date was \$\_\_\_\_\_.
5. State whether any death benefits are paid from assets of the Plan. This does not include any death benefits to be paid from insurance purchased by the Plan to fund death benefits.  
 No       Yes  
 If yes, please state the maximum death benefit payable from the Plan assets: \$\_\_\_\_\_.
6. State whether any claims for benefits were submitted by participants on or before the closing date which were to be paid from assets of the Plan, but had not been paid as of the closing date. This does not include any claims for benefits which were to be paid from insurance purchased by the Plan to provide such benefits.  
 No       Yes  
 If yes, please attach as Exhibit A listing the name of each participant and the amount of benefit to be paid to the participant.
7. The above account is an investment of general Plan assets, which is made on behalf of all the participants in the Plan, and not on behalf of one or more selected participants. Strike if not applicable.
8. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the Account(s), to the extent that the Account(s) is (are) covered by insurance.
9. 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

\_\_\_\_\_  
Trustee

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).