

Federal Deposit Insurance Corporation BACKGROUND INVESTIGATION FORM FOR LAW FIRM PERSONNEL

INSTRUCTIONS: Complete each item on this form, as applicable. *(Type or Print Legibly)*

SECTION I - GENERAL INFORMATION

1. FULL NAME <i>(Last, First, MI)</i>		2. SEX	<input type="checkbox"/>	MALE
			<input type="checkbox"/>	FEMALE
3. DATE OF BIRTH	4. PLACE OF BIRTH <i>(City, State)</i>	5. SOCIAL SECURITY NUMBER		
6. RESIDENTIAL ADDRESS <i>(Start with current address and work backwards 10 years. Use a separate sheet of paper, if necessary.)</i>				
MONTH/YEAR	STREET ADDRESS	CITY/STATE/ZIP CODE		
7. OTHER NAMES USED <i>(e.g., maiden name, names from a former marriage, aliases, or nicknames. Include the dates when used.)</i>				
NAME AND DATE	NAME AND DATE	NAME AND DATE		
8. FIRST ADMISSION TO BAR <i>(Year, State)</i>	BAR NUMBER	9. SUBSEQUENT ADMISSIONS <i>(Year, State)</i>	BAR NUMBER	
10. FIRM'S NAME		11. OFFICE TELEPHONE NUMBER		
12. TITLE/POSITION		13. YEARS WITH FIRM		

SECTION II - DISCLOSURES

INSTRUCTIONS: Check one box for each of the following questions. If your response is yes to any of the questions listed below, provide a detailed explanation including dates, names, and the locations of the event(s) in question on a separate sheet and attach to this form.	YES	NO
14. Have you ever been convicted of a felony? If yes, provide the offense, law enforcement authority and/or court, city and state, and disposition of charges.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you been removed from or prohibited from participating in the affairs of any insured depository institution pursuant to any final enforcement action by the Office of the Comptroller of the Currency, the Office of Thrift Supervision, the Board of Governors of the Federal Reserve System, or the FDIC or their successor(s)?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you demonstrated a pattern or practice of defalcation regarding obligations? (See reverse)	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you caused a substantial loss to Federal deposit insurance funds? (See reverse)	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you defaulted on a material obligation to any insured depository institution during the past 10 years? (See reverse) If yes, list and describe on a separate sheet.	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III - CERTIFICATION

I certify that I have read and understood each question asked of me on this form, and that the information provided, including attachments to this form, is true and correct to the best of my knowledge, information, and belief. I understand that anyone who knowingly or willfully makes false or fraudulent statements or representations in connection with disclosures or certifications herein may be subject to fines and/or imprisonment or both (18 U.S.C. § 1001 and § 1007). I agree to notify the FDIC immediately of any change in circumstances that would require disclosure hereunder.

19. SIGNATURE <i>(Sign in ink)</i>	20. DATE

QUESTION 16. Pattern or practice of defalcation regarding obligations means two or more instances in which: (1) a loan or advance from an insured depository institution is in default for ninety (90) or more days as to payment of principal, interest, or a combination thereof and there remains a legal obligation to pay an amount in excess of \$50,000; or (2) a loan or advance from an insured depository institution where there has been a failure to comply with the terms to such an extent that the collateral securing the loan or advance was foreclosed upon, resulting in a loss in excess of \$50,000 to the insured depository institution. 12 C.F.R. § 366.2(k).

QUESTION 17. Substantial loss to Federal deposit insurance funds means: (1) a loan or advance from an insured depository institution, which is currently owed to the FDIC, RTC, FSLIC or their successors, or the Bank Insurance Fund (BIF), the Savings Association Insurance Fund (SAIF), the FSLIC Resolution Fund (FRF), or funds maintained by the RTC for the benefit of insured depositors, that is or has even been delinquent for ninety (90) or more days as to payment of principal, interest, or a combination thereof and on which there remains a legal obligation to pay an amount in excess of \$50,000; (2) an obligation to pay an outstanding, unsatisfied, final judgment in excess of \$50,000 in favor of the FDIC, RTC, FSLIC, or their successors, or the BIF, the SAIF, the FRF, or the funds maintained by the RTC for the benefit of insured depositors; or (3) a loan or advance from an insured depository institution which is currently owed to the FDIC, RTC, FSLIC, or their successors, or the BIF, the SAIF, the FRF, or the funds maintained by the RTC for the benefit of insured depositors, where there has been a failure to comply with the terms to such an extent that the collateral securing the loan or advance was foreclosed upon, resulting in a loss in excess of \$50,000. 12 C.F.R. § 366.2(o).

QUESTION 18. Default on a material obligation means a loan or advance from an insured depository institution which has ever been delinquent for 90 or more days as to payment of principal or accrued interest, or a combination thereof, with a remaining balance of principal and accrued interest on the ninetieth day, or any time thereafter, in an amount in excess of \$50,000. 12 C.F.R. § 366.2(f).

SECTION IV - AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date in ink.

I hereby authorize FDIC to conduct any investigation or inquiry necessary to verify the aforementioned information, the information provided in my resume, and other personal data in order to verify my fitness and integrity to provide services for the FDIC.

This authorization will remain valid for the life of the legal services agreement or until termination of my employment or affiliation with the law firm, whichever is sooner. Photocopies of this authorization that show my signature are as valid as the original signed by me.

PRIVACY ACT STATEMENT

Collection of this information is authorized by the Federal Deposit Insurance Act (12 U.S.C. § 1819 and § 1822(f)(3) and (4)), Executive Order 9397, as well as the FDIC regulations at 12 C.F.R. Part 366. The requested information will be used by FDIC personnel to conduct background investigations of law firm personnel seeking to provide services to the FDIC to determine whether the individual meets the FDIC's fitness and integrity and financial responsibility standards. Disclosure of information on this form may be made to appropriate Federal or state agencies for enforcement if a violation or possible violation of civil or criminal law is discovered; to state or local licensing agencies; to a credit reporting business; to the General Accounting Office for inspection by auditors; and, to a Congressional office in response to an inquiry made at the request of the individual. This information may also be disclosed in accordance with the other "routine uses of records" listed in the FDIC's Financial Information System, 30-64-0012. Your Social Security Number (SSN) is requested to ensure record accuracy. Completion of this form is voluntary, but failure to provide the requested information, including your SSN, may preclude consideration for a legal services agreement, or result in the suspension or termination of an existing legal services agreement.

ESTIMATED REPORTING BURDEN

Public reporting burden for this collection of information is estimated to average 30 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 Assistant Executive Secretary (Regulatory Analysis), Office of the Executive Secretary, Room F-400, FDIC, Washington, D.C. 20429; and to the Office of Management and Budget, Paperwork Reduction Project (3064-0122), Washington, D.C. 20503. Respondents need not respond to this request for information unless it displays a currently valid OMB Control Number.

SIGNATURE (*Sign in Ink*)

DATE