Federal Deposit Insurance Corporation DECLARATION FOR JOINT OWNERSHIP DEPOSIT

INS	STRUCTIONS: Plea	ase type or print all informa	ation legibly, da	te and sign.			
Fina	ancial Institution:						
Clo	sing Date:						
Acc	count Number:						
Gro	oup Number:						
1.	We, the funds in the al	ove account (the "Account").					
2.	We further declare that we own these funds jointly (as joint tenants with right of survivorship, as tenants in common, or as tenants by the entirety).						
3.	We further declare we own the funds according to the following percentages:						
	Name			Percentage of Funds Contributed			
	NOTE : The information above (percentage of funds contributed by each co-owner) may or may not be used by the FDIC in calculating the insurance coverage of the Account. In the case of qualifying joint accounts held as tenants in common, the interests of the co-owners are deemed equal unless otherwise stated in the depository institution's deposit account records. 12 C.F.R. § 330.9(e).						
4.	Each of the above-named owners is presently living. If any owner is deceased, please indicate name and date of death below.						
	Name Date of De				Date of Death		
5.	Were the funds in this Account placed by (i) a trustee under a written trust agreement other than the account signature card, (ii) an agent, or (iii) attorney-in-fact?						
	If yes, identify the trustee or agent: Also, attach a true, exact and complete copy of the trust agreement, agency agreement or power of attorney as in effect on the closing date.						
6.		is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the stent that the Account is covered by insurance.					
7.	This declaration, u	This declaration, under penalty of perjury, is executed pursuant to 28 U.S.C. § 1746.					
	l declare under pe	enalty of perjury that the for	regoing is true	and correct. Execut	ted on:		
	Signature of Co-	Owner	Signature of	Co-Owner	Signature of Co-Owner		
D0 IN	OCUMENT OR THI	NG FOR THE PURPOSE (RATION IS A FINE OF NOT	OF INFLUENCI	NG IN ANY WAY	E, FORGED OR COUNTERFEIT STATE THE ACTION OF THE FEDERAL DE RISONMENT FOR NOT MORE THAN T	EPOSIT	
The	information collected is			CTION ACT NOTICE	ution closes in accordance to Deposit Insura	ince Rules	
and instr Sen	Regulations. Public repructions, searching exist comments regarding the reduction Act Clearater Reduct	porting burden for this collection sting data sources, gathering ar shis burden estimate or any othe	n of information is nd maintaining the er aspect of this co	estimated to average <u>1</u> data needed, and cor llection of information,	$\frac{12}{2}$ hour per response, including the time for mpleting and reviewing the collection of int including suggestions for reducing this burd Corporation, 550 17 th Street, N.W., Washing	reviewing formation. en, to the	