

---

Federal Deposit Insurance Corporation  
**DECLARATION FOR POWER OF ATTORNEY**

---

**INSTRUCTIONS:** Please type or print all information legibly, date, and sign.

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

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

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

Customer Number: \_\_\_\_\_

1. I, \_\_\_\_\_, being of lawful age, declare that attached hereto is a true and correct copy of the Power of Attorney appointing me as attorney-in-fact for \_\_\_\_\_ (the "Principal").
2. I further declare that I have no knowledge of the revocation or termination of the Power of Attorney, nor has it been terminated by the death, disability or incompetence of the Principal.
3. This declaration is made to induce the Federal Deposit Insurance Corporation to pay insurance covering the above-referenced Account to the extent that the Account is covered by insurance.
4. 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:

\_\_\_\_\_  
Signature of Attorney-in-Fact

**Note:** Be sure to attach a copy of the Power of Attorney to this Declaration.

**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).**

---

**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 FDIC will use the information to assist in the determination of deposit insurance coverage and/or the payment of deposit insurance on deposits of the closed financial institution. Furnishing this information to the FDIC is voluntary. Failure, however, to submit all of the information requested and to complete the form entirely could delay or preclude 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 as authorized by law or used according to 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 <http://www.fdic.gov/regulations/laws/rules/2000-4050.html#fdic200030--64--0013>. 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).