Federal Deposit Insurance Corporation
DECLARATION FOR POWER OF ATTORNEY

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 requested 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 you provide may be provided to appropriate Federal, state, local or foreign law enforcement authorities; to a court, administrative tribunal, or a party in litigation; to contractors, agents and other third parties as authorized by law, and in accordance with 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 www.fdic.gov/about/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.

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 1 hour 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. Any agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

NOTE: 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).

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INSTRUCTIONS: The FDIC provides the Depositor ID (ID is an internal, system-generated identifier). Submit forms electronically to Depositorservices@fdic.gov or by mail to the FDIC Claims Department at 600 North Pearl Street, Suite 700, Dallas, TX 75201. (Include all supporting documents at the same time). For questions, contact Depositor Claims Agent at 972-761-2112 or at Depositorservices@fdic.gov.

SECTION I - FINANCIAL INSTITUTION

1. Name	2. Closing Date
3. Account Number	4. Depositor ID

SECTION II - DECLARATION

5. 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").

6. 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.

7. Attach a copy of the Power of Attorney to this Declaration.

8. 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.

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: _____ .

_____	_____
(Attorney-in-Fact Name)	(Attorney-in-Fact Signature)