

Date:

From:

To: Federal Deposit Insurance Corporation  
Director, Division of Resolutions and Receiverships  
550 17<sup>th</sup> St NW  
Washington, DC 20429

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

Financial Institution Certificate Number: \_\_\_\_\_

Subject: Confirmation that the above named financial institution has implemented and successfully tested the functionality described in Section 360.9 of the FDIC Rules and Regulations, the Large Bank Deposit Insurance Determination Modernization Rule (Rule) as described below. A completed form is due to the FDIC and the address listed above no later than September 30, 2014.

Check the appropriate box for each category:

Yes	No	Successful completion and testing of described functionality
		Provisional hold creation on deposit accounts within the Rule scope
		Provision holds created on Investment Vehicles within the Rule scope
		Produce Deposit File for applicable accounts (Appendix C)
		Produce Sweep/Automated Credit File (Appendix D)
		Produce Hold File (Appendix E)
		Produce Customer File (Appendix F)
		Produce Deposit-Customer Join File (Appendix G)
		Reconciliation of deposits to balance sheet totals
		Reconciliation of deposit data sources above to Call Report input sources
		Posting Non-Monetary transaction file (Appendix A)
		Posting Debit/Credit file (Appendix B)
		Produced required documentation described in FDIC Large Bank Deposit Insurance Determination Modernization Detailed Self Assessment Test Plan

Provide an explanation on a separately attached document for each box that contains a “No” answer with details related to the current status and the plans to complete the requirements.

If the financial institution has received official approval for extensions or waivers attach a separate document setting forth the details of each.

I certify that the above is a factual representation of the referenced financial institution's current state of compliance with Section 360.9 of FDIC's Rules and Regulations and further advise that documentation evidencing said status is available for review.

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Name and title of certifying financial institution officer

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Signature

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Date