**DATE:** [DATE]

**TO**: [POC], [BANK NAME]

**FROM:** [LEAD REVIEWER NAME]

**SUBJECT:** 12 C.F.R. § 360.9 Compliance Review

Deposit Insurance Advance Payment

This compliance review will test your institution’s ability to meet the requirements of 12 C.F.R. § 360.9 for issuing deposit insurance advance payments in the event of bank failure. For purposes of the compliance review scheduled to start on [INSERT DATE], implement in your test environment provisional holds using the values provided in the table below.

|  | Account Type | Account Balance Threshold | Provisional Hold Percent |
| --- | --- | --- | --- |
| ***Domestic Deposits*** |  |  |
| 1. | Consumer DDA, NOW and MMDA | $XXX,000 | 100% |
| 2. | Other Consumer Deposit Accounts | $XXX,000 | 100% |
| 3. | Non-Consumer DDA, NOW and MMDA | $XXX,000 | 100% |
| 4. | Other Non-Consumer Deposit Accounts | $XXX,000 | 100% |
|  |  |  |  |

For questions, contact [LEAD REVIEWER NAME] at [LEAD REVIEWER PHONE], [LEAD REVIEWER EMAIL] or Jin Qian at 703-516-5543, JiQian@fdic.gov.

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