Instructions for filing Form FDIC 7200/19, Proof of Claim, and Supporting Documentation

INSTRUCTIONS: **The following fields MUST be completed in order for your Proof of Claim (POC) to be considered**. (The numbers correspond with those located on the Proof of Claim.)

1. **SSN/TAX ID NO**. The Claimant's tax identification number (if a company) or his/her Social Security Number (if an individual).
2. **NAME OF PERSON COMPLETING THE PROOF OF CLAIM**. Self-explanatory.
3. **NAME OF THE CLAIMANT**. This is the person or entity actually making the claim. This may be you or another person or entity on whose behalf you are authorized to file the claim.
4. **AMOUNT OF CLAIM**. The dollar amount of the claim.
5. **DESCRIPTION OF CLAIM**. Detailed description of what is being claimed (e.g., the invoice number, type of service being claimed, account number, etc.). Additional information may be attached.
6. **SIGNATURE**. The signature of the person completing the POC. Include your title if you are filing this POC on behalf of the Claimant.
7. **DATE**. Date the form is signed.
8. **FIRM**. If you are filing this POC on behalf of the Claimant, include the name of your company or firm, if applicable.
9. **ADDRESS**. The address (including City, State, and ZIP code) of the individual completing this POC.
10. **TELEPHONE NUMBERS**. Telephone number of the individual completing this POC.

REQUIRED SUPPORTING DOCUMENTATION

- Claims for Goods Purchased by the Failed Institution: You must enclose a copy of the purchase order or other correspondence from the Failed Institution requesting the goods, a copy of your invoice, and a receipt signed by the Failed Institution (or other evidence) indicating that the goods were received.
- Claims for Services Rendered: You must enclose a copy of the correspondence or signed initial contract sent by the Failed Institution to request your services and an invoice. In the case of law firms (or other professional firms) retained by the Failed Institution, enclose an itemized invoice detailing charges accruing prior to failure. For appraisal services, enclose proof that the appraisal was completed.
- Other Types of Claims: You must enclose a copy of documents that substantiate the nature and amount of the claim. While you may enclose a copy of the complaint that you filed with a court, this alone is not sufficient to establish your claim.

SUBMITTING YOUR CLAIM

There are three ways to submit your claim:

- Electronically file via the internet by completing an online form FDIC 7200/19 and attaching supporting documentation. Submitting your claim via the FDIC web site is convenient, secure, and inexpensive, and will also help to expedite the handling of your claim. It is highly recommended. Please go to: https://www5.fdic.gov/NDCWeb
- Fax by calling a claims agent using the phone number in the enclosed letter.
- Via mail to the following address: FDIC as Receiver for Allied Bank, 1601 Bryan Street, Dallas, TX 75201 If you choose this option, we recommend you send it by U.S. certified mail or a commercial service that can provide you with a receipt of delivery. **Please do not send originals.**

NOTE: If you choose to file by mail, it is very important that the Proof of Claim be the top document of your mailing. The bar code allows for the automated creation of your claim file when the Proof of Claim is read or scanned into our system. There is no need for a cover letter.

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Federal Deposit Insurance Corporation
as Receiver for
10522 - Allied Bank, Mulberry, AR

PROOF OF CLAIM

1. SSN/Tax ID No. _____

2. The undersigned _____
(Name of person completing the Proof of Claim)

hereby states that the subject Financial Institution, now in liquidation ("Failed Institution"), is indebted

3. to _____ (the "Claimant") in the sum of
(Name of Claimant)

4. $ _____

5. Description of Claim

The undersigned further states that no part of said debt has been paid, that the Claimant has given no endorsement or assignment of the same or any part thereof, and that there is no set-off or counterclaim, or other legal or equitable defense to said claim or any part thereof.

6. NAME _____ 7. DATE _____
(Name, Title, and Signature of person completing the Proof of Claim)

8. FIRM _____
(Complete if filing on behalf of claimant.)

9. ADDRESS _____
(City, State, and ZIP Code) _____

10. TELEPHONE NUMBER(S) _____

The penalty for knowingly making or inviting reliance on a 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 30 years or both (18 U.S.C. Section 1007).

IMPORTANT NOTE: The bar code at the top of this Proof of Claim is unique to this claim and may not be re-used for other claims which you may have or by other potential claimants. If you have other unrelated claims, you must file a separate Proof of Claim with its own unique bar code. Additional Proof of Claim forms may be found on the FDIC web site or obtained by mail at the respective addresses indicated in the Instructions. Re-use of this Proof of Claim may result in processing delays or the rejection of your claim.

PRIVACY ACT STATEMENT

The FDIC is authorized to request this information from you by 12 U.S.C. § 1819, 1821, and Executive Order 9397. The purpose for collecting the information is to support the administration of claims against the failed financial institution. Furnishing the requested information is voluntary, but failure to provide the requested information in whole or in part may delay or prohibit the processing of your claim. The information provided by individuals is protected by the Privacy Act, 5 USC 552(a). The information may be furnished to third parties as authorized by law or used according to any of the routine uses described in the FDIC Insured Financial Institution Liquidation Records (30-64-0013) System of Records. This System of Records is available for review at https://www.fdic.gov/regulations/laws/rules/2000-4050.html#200030--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.