Federal Deposit Insurance Corporation

LARGE-BANK DEPOSIT INSURANCE DETERMINATION MODERNIZATION ANNUAL QUESTIONNAIRE

	uant to the FDIC <u>Large-Bank</u> annual questionnaire. Fill ou			ule (12 C.F.R. §360.9), you are arch 31st.				
Questionnaire Year: NOTE: Covers January 1st - December 31st of the previous year.								
SECTION I - INSTITU	JTION INFORMATION							
1. Case Number	2. Covered Institution	2. Covered Institution (CI) Name						
4. Address (Street, City	y, State, ZIP Code)							
SECTION II - DEPOS	SIT-HOUSING SYSTEM IN	NFORMATION						
5. Enter the Software \	endor, Platform, Version, and	d Type of Account(s) bel	ow.					
Software Vendor	Software Platform	Software Version	Туре с	of Account(s)				
SECTION III - QUES	TIONNAIRE							
7. Are all deposit-housi production environment If no, explain which deposits. 8. What was the results	ng systems able to implemer? Yes No posit systems are not capable and the date of the last self-	nt automated provisional ? assessment? ○Pass	holds and generate standa					
Did the CI have maje Comments (If Applicab	or changes on deposit system	ns?						
	merge with another financial iconvert all accounts onto existain.	0 0						
11. Did the CI introduce Comments (If Applicab	e new deposit or sweep inves	stment products? OYes	s					
12. Does the CI have b	prokered deposits? OYes	∩No						

	e Total Bank Solutions Insured C ARS? OYes ONo	ash Sweep o	r IntraFi Network	Deposits, formerly called	ed Promontory Insured	
If yes, name the syste	em and number of participating a	accounts.				
14. Does the CI have	prepaid card products? OYes	○No				
If yes, name the prog	ram manager and processor.					
15. Does the CI have	e debit card products? OYes (⊃No				
If yes, name the prog	ram manager and processor.					
16. Does the CI partrapp, i.e., neo-bank?	ner with third-party FinTech entiti	es that provid	de deposit accoui	nt services exclusively o	online and mobile	
If yes, name the third	-party entities.					
SECTION IV - INST	TITUTION CONTACTS					
download and admini	uires a Covered Institution to not stering provisional holds, both w ble for ensuring such contact info	hile this funct	ionality is being o			
Point of Contact	Name	Title		Telephone	Email Address	
Primary						
Compliance						
Information Technology						
Deposit Operations						
Financial Reporting						
Technology Service Provider						
SECTION V - COV	ERED INSTITUTION OFFICE	R SIGNAT	URE			
18. Name			19. Title			
20. Signature			1	21. Date		

If yes, name the system and number of brokers.