

THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

1000 Washington St, Suite 810

Boston, Massachusetts

02118-6200

AFFIDAVIT for Federal Banks

I, _____ of _____ on
(name and title) (address)

Upon my oath depose and say that:

1. _____ Bank has complied with all federal conditions governing the sale of insurance products by national banks established by the Comptroller of the Currency, by guideline or subsequent regulation. This includes conditions prescribed by the federal bank regulatory agencies' ***Interagency Statement on Retail Sales of Mutual Funds and other Non-deposit Investment Products***, to the extent applicable;

and further on oath depose and say that:

2. _____ Bank has complied with 18 U.S.C.S. §1033, ***Crimes by or affecting persons engaged in the business of insurance whose activities affect interstate commerce.***

Subscribed this _____ day of _____, 19 _____ under the penalties of perjury.

Signed _____
Bank Officer

Address _____

Tel. No. () _____

Email: _____