

FDIC Waiver Language

We, the undersigned, do hereby certify that we are aware that the Federal Deposit Insurance Corporation (FDIC) coverage applies only to a cumulative maximum amount of \$100,000 for each individual depositor for all of depositor's accounts at the same, or related, institution. The funds for this settlement are being deposited in Vectra (Bank) for disbursement. We understand that Transnation Title Insurance Company assumes no responsibility for, nor will we hold same liable for, any loss occurring which arises from the fact that the amount of the above account may cause the aggregate amount of any individual depositors accounts to exceed \$100,000, and that the excess amount is not insured by the FDIC.

We further understand FDIC insurance is not available on certain types of bank instruments, including, but not limited to, repurchase agreements, letters of credit, etc.

Customer Signature: _____

Date: _____

Customer SSN: _____

Customer Signature: _____

Date: _____

Customer SSN: _____

Transnation Title Insurance Company

Date:

File No.:

As escrow agent, you are hereby authorized and instructed to invest the sum of \$ _____ handed you herewith, or presently held in the above referenced escrow, in the following manner:

NAME OF FINANCIAL INSTITUTION

TYPE OF INVESTMENT

Vectra Bank

Certificate of Deposit

Money Market Account

Passbook

Other:

NAME OF ACCOUNT:

INTEREST SHALL ACCRUE FOR THE ACCOUNT OF

Transnation Title Insurance Company

If funds are received after the investment deadline set by the institution, the funds will be invested on the following business day.

If roll-over of any investment is necessitated, the earnings are to be added to the principal and likewise invested. However, if the type of investment prohibits uneven amounts, any excess is to be held on deposit in said escrow (non-interest bearing).

All such funds are to be invested for the full term of the escrow and withdrawn only when you are in a position to use said funds to close the escrow or on _____, whichever occurs first. Transnation Title Insurance Company is not responsible for any loss of principal or interest as a result of complying with these instructions.

The undersigned hereby release Transnation Title Insurance Company from any liability and assume all responsibility for any loss to the undersigned which may result from a lack of FDIC or FSLIC insurance for this investment in excess of \$100,000.00. The undersigned acknowledge that, in calculating the amount of available insurance, the FDIC or FSLIC will consolidate this investment with all other funds of the undersigned which are on deposit with the above designated financial institution.

In consideration of your acceptance of this instruction, the undersigned hereby acknowledge that all earnings will be established by the designated Financial Institution, and also acknowledge that Transnation Title Insurance Company, as Escrow Agent, is in no way liable for the amount of earnings generated, and provided you have complied with the within instructions, you are held harmless from any loss which might arise in connection with such investment, including, but not limited to principal, interest, attorney fees and/or other cost incurred. Further, you will be held harmless if the investment item is not available, in the amount requested, at that named institution on the date the account is to be initiated.

**THE INTEREST AND DIVIDEND TAX COMPLIANCE ACT OF 1993
REQUIRES YOUR CERTIFICATION BE SUBMITTED WITH THE INVESTMENT.**

SOCIAL SECURITY NO:

FEDERAL IDENTIFICATION NO.:

- The number on this form is my correct taxpayer identification number
- I am not subject to back-up withholding under Section 3406 (A) (1) (C) of the Internal Revenue Code, or:
- I am not a resident or citizen of the United States

Note: If you refuse to certify the above information, you may be subject to back-up withholding ____ (initial of recipient of interest)

CERTIFICATION: Under penalties of perjury, I certify that the information provided on this form is true, correct and complete.

SIGNATURE OF RECIPIENT OF _____ DATE: _____

TYPED NAME OF RECIPIENT OF INTEREST:

ADDRESS _____ PHONE: _____

Received:

Transnation Title Insurance Company

BUYER

SELLER

By _____

Date: _____ Date _____ Date _____