

FR Y-14A/Q/M Annual Submission (data as of December 31)
Attestation Cover Page

Attestation

NOTE: Each bank holding company's and intermediate holding company's board of directors and senior management are responsible for establishing and maintaining an effective system of internal control, including controls over the *Capital Assessments and Stress Testing* information collection (FR Y-14A/Q/M). The *Capital Assessments and Stress Testing* information collection is to be prepared in accordance with instructions provided by the Federal Reserve System. The *Capital Assessments and Stress Testing* information collection must be signed and attested by the chief financial officer or an equivalent senior officer.

I, the undersigned CFO or equivalent senior officer of the named firm, attest that the FR Y-14A, FR Y-14Q, and FR Y-14M report form for this report date has been prepared in good faith using reasonable efforts of the bank holding company or intermediate holding company to conform with the instructions issued by the Federal Reserve System.

Regarding actual data as-of the reporting period, I, the undersigned CFO or equivalent senior officer of the named firm, attest that management is responsible for the internal controls over the reporting of these data and that these data are materially correct to the best of my knowledge. I attest that the internal controls for the FR Y-14A/Q/M are effective and were effective throughout the year for the FR Y-14A/Q/M, and include those practices necessary to provide reasonable assurance as to the accuracy of these data. I attest that the controls are audited at least annually by internal audit or compliance staff, and are assessed regularly by management of the banking organization. I agree to report material weaknesses in these internal controls and any material errors or omissions in the data submitted to the Federal Reserve promptly as they are identified.

_____ Printed Name and Title of Senior Officer	_____ Legal Title of Holding Company
_____ Signature of Senior Officer	_____ (Mailing Address of the Holding Company) Street / P.O. Box
_____ Date of Signature (MM/DD/CCYY)	_____ City State Zip Code