



Annual Attestation Form Delivery of Disclosures

This Attestation Form is required to be completed by the Nursing Home Facility named below in accordance with the Regulation DD and provisions as set forth in the agreement(s) between Nursing Home Facility and Amalgamated Bank. This annual attestation must be signed and returned to Amalgamated Bank (NursingHome@AmalgamatedBank.com) no later than 30 calendar days from the receipt of the annual notification request.

Nursing Home Facility certifies compliance with Regulation DD requirements as set forth below.

I attest that my organization has provided, and will continue to provide, account opening disclosures to all residents when opening an account with Amalgamated Bank through the ABFast Program. The delivery of disclosures is provided to residents immediately after the account is opened.

Yes

No

The following shall have the same legal force and effect as an original of this document: a facsimile, photocopy, imaged or other electronic version.

Attestation

I hereby attest on behalf of the Nursing Home Facility that it has complied with and will continue to comply with the certification elements listed above.

Nursing Home Name _____

Date (MM/DD/YYYY) _____

Signature _____

Printed Name: _____

Title: _____

Email Address: _____

Phone Number: _____

When completed, please email the signed Attestation to: NursingHome@AmalgamatedBank.com. Please contact NursingHome@AmalgamatedBank.com for any questions regarding this attestation.