



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Treasury – Bureau of Collateral Management*

**DEPOSIT OF COLLATERAL**

Legal Name of Pledgor\*: \_\_\_\_\_  
 FEIN: \_\_\_\_\_  
 Date: \_\_\_\_\_

Legal Name of Custodian: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Custodian's Address: \_\_\_\_\_  
 City, State, Zip-Code: \_\_\_\_\_

The pledgor has entered into a collateral agreement with this custodian to secure Florida public deposits. Deposit the following collateral for this account to be held as set forth in the agreement.

CUSIP Number	Complete Description/Pool Number	Interest Rate**	Maturity Date	Original Par*** Face Amount	Current Par***	Market Value	Security Rating
TOTALS:				\$ _____	\$ _____	\$ _____	

**Certification:** I CERTIFY that the pledged securities meet the eligibility requirements of Section 280.04, Florida Statutes.

Signature of Authorized Person: \_\_\_\_\_  
 Title of Authorized Person: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

cc: Chief Financial Officer  
 200 E. Gaines Street  
 Tallahassee, FL 32399-0345

\*Pursuant to Section 280.041, F.S.

\*\*If the interest rate is variable, include a (V) with the stated rate.

\*\*\*For securities that pay down, report original face and current par. For securities that do not pay down, report par value in both columns.