



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

**WITHDRAWAL OF COLLATERAL**

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

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

As custodian for the State of Florida to secure Florida public deposits, you currently hold the following collateral:

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

Release this collateral from account # \_\_\_\_\_.

**Certification:** I CERTIFY that the market value of the remaining pledged collateral is equal to or greater than our required collateral.

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

APPROVED State of Florida

By: \_\_\_\_\_  
 Date: \_\_\_\_\_

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

\*Pursuant to Section 280.41, F.S.

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