



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

**TRANSFER 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, you currently hold the following collateral to secure Florida public deposits:

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

Upon the Chief Financial Officer's approval, release these securities from \_\_\_\_\_, account # \_\_\_\_\_,  
Custodian  
 and transfer to \_\_\_\_\_, account # \_\_\_\_\_, subject to redeposit with the pledge to the Chief Financial Officer intact.  
Custodian

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

APPROVED State of Florida

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

cc: Division of Treasury  
 200 E. Gaines Street  
 Tallahassee, FL 32399-0345

\*Pursuant to Section 280.041, 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.