



State of Iowa
Treasurer's Office

Capitol Building
1007 E Grand Avenue
Des Moines, IA 50319

Exhibit A to Master Custodial Agreement

Certificate and Approval for Withdrawal, Substitution or Addition of Collateral

Date: _____ Pledging Bank ABA #: _____ Telephone Number: (____) _____

Pledging Bank's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

To: _____ Attn: _____
(Custodian)

Type of Transaction (check one):

Withdrawal of Collateral Substitution of Collateral Additional Collateral

Complete Sections 1 and/or 2 (as applicable) and Sections 3 and 4 (in all cases)

One copy of this request shall be delivered to the Custodian. Capitalized terms have the meaning given in the Pledge and Security Agreement (Securities).

1. Withdrawal of Collateral

In accordance with the terms of the Pledge and Security Agreement, we request the following securities be released from Eligible Collateral:

Issue and Coupon	CUSIP#	Maturity Date	Original Par Value	Current Price (& factor if pool)

Delivery instructions:

2. Addition or Substitution of Collateral

In accordance with the terms of the Pledge and Security Agreement, we hereby pledge the following securities to the State Treasurer as Eligible Collateral:

Issue and Coupon	CUSIP#	Maturity Date	Original Par Value	Current Price (& factor if pool)

3. Required Collateral Market Value

Type	Amount
A. Total Public Funds Deposits as defined in Iowa Code Chapter 12C	
B. Capital of the Bank as defined in Iowa Code Chapter 12C	
C. Excess Public Funds (A minus B)	
D. Market Value of Eligible Collateral Before Addition, Withdrawal or Substitution	
E. Net Total Market Value of Eligible Collateral Added, Withdrawn or Substituted	
F. Market Value of Eligible Collateral After Addition, Withdrawal or Substitution (D minus E)	

4. Certification by Pledging Bank

The Pledging Bank and the undersigned hereby swears under oath or affirms, under penalty of perjury, that the information shown above is true and correct, and that the Market Value of Eligible Collateral After Addition, Withdrawal or Substitution (line F above) exceeds the Excess Public Funds (line C above).

Signature: _____ Date: _____

Name: _____ Title: _____

Mail or fax this form to the Custodian. If a copy is faxed, an original must follow in the mail.

5. Certification by the Custodian

The Custodian has reviewed the information set forth in this Certificate and hereby states that the Certificate contains all of the information required pursuant to Section 5.2 of the Custodial Agreement.

The Custodian shall email this form to the Treasurer of State at PledgingDesk@tos.iowa.gov.

Signature: _____ Date: _____

Name: _____ Title: _____