

**Exhibit A**  
to  
**Master Custodial Agreement**

**CERTIFICATE AND APPROVAL FOR WITHDRAWAL,  
SUBSTITUTION OR ADDITION OF COLLATERAL**

Date: \_\_\_\_\_ Pledging Bank ABA #: \_\_\_\_\_  
 Pledging Bank's Name: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_

To: \_\_\_\_\_ Type of Transaction (check one):  
 (Custodian) \_\_\_\_\_  Withdrawal of Collateral  
 \_\_\_\_\_  Substitution of Collateral  
 Attn: \_\_\_\_\_  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 Custodial Agreement.

**1. WITHDRAWAL OF COLLATERAL**

In accordance with the terms of the Custodial 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 Agreement, we hereby pledge the following securities to the Treasurer as Eligible Collateral:

Issue and Coupon	CUSIP No.	Maturity Date	Original Par Value	Current Price (& factor if pool)

3. REQUIRED COLLATERAL MARKET VALUE

	<b>Amount</b>
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 <b>Before</b> Withdrawal or Substitution	
E. Net Total Market Value of Eligible Collateral Withdrawn or Substituted	
F. Market Value of Eligible Collateral <b>After</b> 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 Withdrawal or Substitution (Line F above) exceeds the Excess Public Funds (Line C above).

Authorized Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

**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](mailto:pledgingdesk@tos.iowa.gov).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_