

(Please print on Official Company Letterhead)

EXEMPTION AFFIDAVIT FOR REPORTING REQUIREMENTS UNDER POOLED COLLATERAL PROGRAM

WHEREAS, all eligible depositories that receive Arizona public deposits are required to participate in the Statewide Collateral Pool program established in the Arizona Treasurer's Office pursuant to Arizona Revised Statutes Title 35 Chapters 2 and 10; and,

WHEREAS, as a part of the Collateral Program, each depository is required to provide certain daily and monthly reports to the Treasurer's office; and,

WHEREAS, not every eligible depository accepts public deposits or has Arizona public deposits that are in excess of federal insurance, or has public deposits that are stable such as time deposits and do not fluctuate,

NOW THEREFORE BE IT RESOLVED THAT \_\_\_\_\_ (name of Depository)

does hereby certify and attest to one of the following:

\_\_\_\_ Does not hold any Arizona public deposits.

\_\_\_\_ All Arizona public deposits that are in excess of federal insurance coverage are time deposits with set maturities and daily reporting is not required. The detailed monthly report listing bank accounts and public entity taxpayer ID's will be provided as required under the program.

\_\_\_\_ No Arizona public deposits are in excess of federal insurance coverage. A report of the most recent fiscal year end statement of all accounts and balances sorted by Public Entities Taxpayer ID is attached as exhibit A to this certification and the undersigned agrees to provide a similar detailed report by July 31 each year attesting the same to the Collateral Pool Administrator in the Office of the Arizona State Treasurer.

The Undersigned hereby certifies that he/she is authorized and has full legal authority on behalf of \_\_\_\_\_ (name of Depository) to attest to the above statement.

\_\_\_\_\_  
(Name of Depository Institution)

\_\_\_\_\_  
Street Address or P.O. Box Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Official Signature/Date

\_\_\_\_\_  
Printed Name and Title

Notary

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me personally appeared \_\_\_\_\_, to me personally known or satisfactorily proven, who by me duly sworn, did depose and say that he/she resides at \_\_\_\_\_, in the City of \_\_\_\_\_, in the State of \_\_\_\_\_, that he/she is the \_\_\_\_\_ [Title] of \_\_\_\_\_ and that he/she executed this document on behalf of \_\_\_\_\_ before me.

\_\_\_\_\_  
(Signature of Notary)

My Commission expires on \_\_\_\_\_ [Date]