



ROBERT SPRAGUE
STATE TREASURER OF OHIO

**Instructions for Completion of the Application and Agreement
for Deposit of Public Funds**

Please do not strike through or alter language in any application documents, doing so may cause delays in processing your application.

- ✓ Please refer to the checklist on page 18 of the Application and Agreement for information on the number of copies to submit and the address to mail your application documents to.
- ✓ Please submit your packet on one sided copies, two sided copies will slow the review process.
- ✓ Questions? Please email DepositoryCorrespondence@tos.ohio.gov.

Application for Deposit of Public Funds

This section of the contract requests information about the Financial Institution.

Page 1:

1. **Financial Institution Name:** Enter your Financial Institution's full legal name.
2. **Home Office Address (Street/P.O. Box):** Enter the address of the home office of the Financial Institution.
3. **Home Office City, State, Zip:** Enter the city, state, and zip of the home office of the Financial Institution.
4. **Branch Locations:** Enter the number of branch locations in Ohio; at least one branch must be located in the State of Ohio.
5. **Website Address:** Enter your website address if available.
6. **Charter Class (select one):** Select the charter class of your Financial Institution.
 - National bank, any bank doing business under authority granted by the Ohio Superintendent of Financial Institutions, or any bank doing business under the authority granted by the regulatory authority of another state of the United States, located in the State of Ohio, and subject to ORC §§ 135.01 through 135.21.
 - Federal savings association, any savings and loan association, or savings bank doing business under authority granted by the Ohio Superintendent of Financial Institutions, or any savings and loan association or savings bank doing business under authority granted by the regulatory authority of another state of the United States, located in the State of Ohio and authorized to accept deposits, and subject to ORC §§ 135.01 through 135.21..
 - Federal credit union, a foreign credit union licensed pursuant to ORC § 1733.39, or a credit union as defined in ORC § 1733.01, located in the State of Ohio.

7. **FDIC/NCUA Insured?** Yes No
You must be FDIC/NCUA insured to be an eligible depository.
8. **FDIC/NCUA Certificate Number:** Enter your certificate number.
9. **Holding Company Name:** Enter the holding company name for your Financial Institution, or enter N/A if this is not applicable.
10. **Holding Company Address (Street/P.O. Box):** Enter the holding company address for your Financial Institution, or enter N/A if this is not applicable.
11. **Holding Company City, State, Zip:** Enter the holding company city, state, and zip for your Financial Institution, or enter N/A if this is not applicable.

Primary Contact Information:

12. **Contact Name:** Enter the name of the person to contact concerning the application.
13. **Contact Title:** Enter the title of the contact person.
14. **Address:** Enter the address of the contact person.
15. **City, State, Zip:** Enter the city, state, and zip code of the contact person.
16. **Telephone Number:** Enter the telephone number of the contact person.
17. **Fax Number:** Enter the fax number where faxes may be sent to the contact person.
18. **E-Mail Address:** Enter the contact person's e-mail address.

Application Prepared By: This section is for the person preparing the application.

19. **Name:** Enter the printed name of the person preparing the application.
20. **Title:** Enter the title of the person preparing the application.
21. **Telephone:** Enter the daytime telephone number of the person preparing the application.
22. **E-mail Address:** Enter the e-mail address of the person preparing application.

Agreement for Public Depositories

This section of the contract details the agreement and relationship between the Financial Institution and the Ohio Treasurer of State's office.

Page 2:

1. **Line followed by ("Financial Institution"):** Insert the name of the Financial Institution.
2. **Line followed by "Title of Authorized Officer":** *MUST match the title of the officer that signed the CALL or 5300 report.* This refers to the Chief Financial Officer, Cashier, Treasurer, or other officer signing under oath as to the accuracy of the financial statement.

3. **Type of deposits requested. Select Only One.**

- Only* Interim deposits
- Only* Active deposits
- Both* Interim deposits and Active deposits

Most applicants will be requesting Interim Deposits. Interim Deposits include BidOhio and all Linked Deposit programs (AgLink, Family Forward, GrowNow, Ohio Homebuyer Plus).

Applicants seeking Active Deposits must also respond to the Board of Deposit Request for Proposal which is available at www.ohiotreasurer.gov. Active Deposits are high in volume dollars and number of transactions, and usually require a State relationship manager. Financial Institutions must be able to provide BAI2 downloads.

Page 3:

1. **Total Assets of Institution:** DO NOT TRUNCATE AMOUNTS. Enter the total assets of the Financial Institution INCLUDING ALL ZEROS. This amount must be the same as the financial statement (CALL or 5300 report) accompanying the Application. The Call report is in 1,000s, please add the 3 zeroes on your application.
2. **Maximum Interim Deposits Requested:** DO NOT TRUNCATE AMOUNTS. Enter the maximum amount (including all zeros) of Interim Deposits that your Financial Institution is requesting. (Interim funds include BidOhio, Ag-Link, and Linked Deposit Programs.) This amount may be modified at a later date if needed. Failure to include all zeros may result in delays in processing your Application.
3. **Maximum Active Deposits Requested:** DO NOT TRUNCATE AMOUNTS. Enter the maximum amount of Active Deposits (including all zeros) that your Financial Institution is requesting. (Refer to www.ohiotreasurer.gov for information regarding Active Deposits). Failure to include all zeros may result in delays in processing your Application.
4. **Maximum Total Deposits Requested:** DO NOT TRUNCATE AMOUNTS. Enter the total of amount of Interim and Active Deposits including all zeros. This amount may not exceed 25% of the total assets of your Financial Institution. Failure to include all zeros may result in delays in processing your Application.

Page 4 through 6: No information is required.

Page 7:

1. _____ day of _____, 20____: Enter the date that is the Financial Institution signed.
2. **Financial Institution:** Enter the name of the Financial Institution.
3. **Name:** Enter the printed name of the Authorized Signer.
4. **Title:** Enter the title of the Authorized Signer.
5. **Date:** Enter the date signed.
6. **Signature:** Enter the signature of the Authorized Signer.

7. Attesting Signature:

- a. **Printed Name:** Enter the name of the witness to the Financial Institution Authorized Signer.
- b. **Title:** Enter the title of the witness.
- c. **Date:** Enter the date witnessed.
- d. **Signature:** Enter the signature of the witness.

8. Ohio Treasurer of State's Office: Leave blank - to be completed by the Ohio Treasurer of State.

Page 8:

Appendix I (Treasurer Authorization)

Leave blank – to be completed by the Ohio Treasurer of State's Office.

Page 9:

Exhibit A (Collateral Election Certification)

In order to become an approved public depository, you must submit at least one collateral option with your Application: Exhibit A, the FHLB Trustee Agreement, or the Trustee Agreement. It is permissible to combine more than one of the options listed.

1. _____ (**"Financial Institution"**): Enter the name of the Financial Institution in the space provided.
2. **Select any/all that apply:**
 - The Federal Reserve Bank of Boston will hold securities pledged to the Treasurer.
 - Deposits requested are less than 90% of the FDIC/NCUA limit. Deposits will be fully secured by FDIC/NCUA insurance.
 - Deposits will be secured by a letter of credit.
 - Deposits shall be secured by a surety bond.
 - Deposits will be secured by securities pledged to the Treasurer evidenced by a written instrument (Trustee Agreement) attached.
 - Deposits will be secured by the Ohio Pooled Collateral Program.
3. **Certified this _____ day of _____, 20_____ :** Enter the date section 1 of the Application is signed.
4. _____, **as Financial Institution:** Enter the name of the Financial Institution.
5. **Financial Institution Authorized Signature:** Enter the signature of the Authorized Signer.
6. **Printed Name:** Enter the printed name of the Authorized Signer.
7. **Title:** Enter the title of the Authorized Signer.
8. **Date:** Enter the date signed.

Page 10: Financial Institution Declaration of Participation in Interim Depository Programs

This form is to be completed if indicated on page 2 seeking *only* Interim deposits or *both* Interim deposits and Active deposits.

Resolution for Approval of Treasurer Deposits

This section of the contract signifies the approval by the Financial Institution's Board of Directors to enter into this Agreement.

Page 11:

- 1. Name of Financial Institution:** Enter the legal name of the Financial Institution in the space preceding (Name of the Financial Institution).
- 2. Location Address:** Enter the address of the home office of the Financial Institution in the space preceding (Location Address).
- 3. _____ day of _____, 20__:** Enter the date the resolution is approved by the Board of Directors.

Page 12:

- 1. The undersigned Secretary of the Board of Directors of _____ (Name of the Financial Institution):** Enter the legal name of the Financial Institution in the space preceding (Name of the Financial Institution).
- 2. IN WITNESS WHEREOF, I have hereunto subscribed my name and, if available, affixed the seal of _____ (Name of the Financial Institution):** Enter the legal name of the Financial Institution in the preceding space (Name of Financial Institution).
- 3. This ____ day of _____, 20__:** Enter the date section 1 of the Agreement is signed.
- 4. Secretary's Signature:** Enter the signature of the Secretary of the Board of Directors.
- 5. Printed Name:** Enter the printed name of the Secretary of the Board of Directors.
- 6. Seal (if available):** Place seal here.

Security Agreement

This section of the contract concerns the pledge, release, and reporting of collateral required by Ohio Revised Code § 135.18.

Page 13:

- 1. WHEREAS, _____ ("Financial Institution"):** Enter the legal name of the Financial Institution in the space provided.

Page 14 through 16: No information required.

Page 17:

1. **Name of the Financial Institution:** Enter the legal name of the Financial Institution in the space provided.
2. **Name:** Enter the printed name of the Authorized Signer.
3. **Title:** Enter the title of the Authorized Signer.
4. **Date:** Enter the date signed.
5. **Signature:** Enter the signature of the Authorized Signer.
6. **Ohio Treasurer of State:** Leave blank - to be completed by the Ohio Treasurer of State.

Pages 18-19: Checklist for Application/Agreement for Deposit of Public Funds

Please review the checklist carefully for requirements before submitting your Application. The checklist will list how many original copies of each document are required based on your elections. Failure to submit the required number of originals of each document may delay approval.

Documents Separate from the Application/Agreement

Trustee Agreement - A Trustee approved by the Ohio Superintendent of Financial Institutions will hold securities pledged to the Ohio Treasurer of State as collateral for deposits.

***If you choose this option, please have the Trustee Agreement executed and signed by your organization and the Trustee prior to submitting the document with your Application.**

FHLB Trustee Agreement – The Federal Home Loan Bank will hold securities pledged to the Ohio Treasurer of State.

***If you choose this option, please have the FHLB Trustee Agreement executed and signed by your organization and the Federal Home Loan Bank prior to submitting the document with your Application.**

Surety Agreement – A corporation qualified to provide a surety bond for public deposits will hold securities pledged to the Ohio Treasurer of State.

***If you choose this option, please have the Surety Agreement executed and signed by your organization and the surety corporation prior to submitting the document with your Application.**