



JOSH MANDEL
STATE TREASURER OF OHIO

**Instructions for Completion of the Application/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.

Section I. 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, City, State, Zip:** Enter the address, city, state, and zip code of the home office of the Financial Institution.
3. **Branch Locations:** Enter your branch locations, or attach a separate sheet if necessary. At least one branch must be located in the State of Ohio.
4. **Website Address:** Enter your website address if available.
5. **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 Ohio.
 - 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 Ohio.
6. **FDIC Insured? Yes No**
You must be FDIC insured to be an eligible depository.
7. **FDIC Certificate Number:** Enter your FDIC certificate number.
8. **Holding Company Name/Location:** Enter the holding company name, location and state for your Financial Institution or, enter N/A if this is not applicable.

Primary Contact Information:

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

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

15. **Name and Title:** Enter the printed name and title of the person preparing the application.
16. **Telephone:** Enter the daytime telephone number of the person preparing the application.
17. **E-mail Address:** Enter the e-mail address of the person preparing application.

Page 2:

1. **Line followed by (the "Financial Institution"):** Insert the name of the Financial Institution.
2. **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 including AgLink.

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.

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

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 report) accompanying the Application. Failure to include all zeros may result in delays in processing your Application.

2. **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. **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. **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.
5. **Reserved.**

Page 4 and 5: No information is required.

Page 6:

As to the Financial Institution: Enter the Financial Institution address information including contact name.

Page 7: No information is required.

Page 8:

1. _____ day of _____, 20__ : Enter the date that section 1 is signed.
2. **Financial Institution Authorized Signature:** Enter the signature of the Authorized Signer.
3. **Printed Name and Title:** Enter the name and title of the Authorized Signer.
4. **Date:** Enter the date signed.
5. **Attest** _____ : Enter the signature of the witness to the Financial Institution Authorized Signature.
6. **Printed Name and Title:** Enter the name and title of the witness.
7. **Date:** Enter the date witnessed.
8. **Treasurer of State of Ohio:** Leave blank - to be signed by the Authorized Signer of the State Treasurer of Ohio.
9. **Printed Name and Title:** Leave blank – To be signed by the Authorized Signer of the State Treasurer of Ohio.
10. **Date:** Leave blank – To be signed by the Authorized Signer of the State Treasurer of Ohio.

Section II. Resolution for Approval of Treasurer Deposits

Page 9:

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

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 10:

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 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 _____, ____ (Month, Year) :** Enter the date 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.

Section III. Security Agreement / Pledge of Collateral ("Security Agreement")

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

Page 11:

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

Page 12:

1. **Name of the Financial Institution:** Enter the legal name of the Financial Institution in the space provided.

2. **Signature:** Enter the signature of the Authorized Signer.
3. **Printed Name and Title:** Enter the name and title of the Authorized Signer.
4. **Date:** Enter the date signed.

Page 13: 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. Page 14 is Exhibit A.

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 limit. Deposits will be fully secured by federal deposit insurance.
 - Deposits will be secured by a letter of credit.
 - Deposits will be secured by a surety bond.
3. **Certified this _____ day of _____, 20____:** Enter the date of the Application.
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 14: 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 Superintendent of Financial Institutions will hold securities pledged to the State Treasurer of Ohio 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 of Cincinnati will hold securities pledged to the Treasurer.

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