



# Josh Mandel, Treasurer of State of Ohio

Trust Department – Collateral Section

## Request for Release/Substitution of Depository Bank Collateral

**The Trustee shall not permit the release or substitution of any of the Securities, or the release of any cash proceeds resulting from the maturity or early redemption of any of the Securities, without the written approval of Treasurer Josh Mandel or his designee.**

Request Date: \_\_\_\_\_ FAX to: (614) 466-9948 or E-mail to: [bank.collateral@tos.ohio.gov](mailto:bank.collateral@tos.ohio.gov)

To The Trustee: \_\_\_\_\_ Account #: \_\_\_\_\_  
(Trustee refers to Financial Institution where securities are being held)

Financial Institution (Pledgor): \_\_\_\_\_ ABA #: \_\_\_\_\_

Financial Institution Contact: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Note to FINANCIAL INSTITUTION: If substitution of collateral is required, please pledge the securities directly to the Trustee and inform the Trustee to provide the Treasurer of State of Ohio with written confirmation of the pledge. The Treasurer of State of Ohio will approve the release of securities upon sufficient collateral pledged.

**RELEASE** the following security(s) to the ABA above (check one) **at maturity** \_\_\_\_\_ **before maturity** \_\_\_\_\_.

For TOS Use Investment #	CUSIP	Asset Description	PAR (Original Face)	Maturity Date

**Note to TRUSTEE:** Do not release the securities until substituted security confirmation is delivered to Treasurer of State of Ohio.

If a **SUBSTITUTION IS REQUIRED** prior to release, enter security details below:

	CUSIP	Asset Description	PAR (Original Face)	Maturity Date

### Treasurer of State of Ohio designee

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

Print Name: \_\_\_\_\_

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

#### TREASURER'S OFFICE CONTACTS:

30 E. BROAD STREET, 9<sup>TH</sup> FLOOR  
COLUMBUS, OHIO 43215-3461

KAREN EVANS (614) 644-1291  
BLAKE BISHOP (614) 644-1285

e-mail: [bank.collateral@tos.ohio.gov](mailto:bank.collateral@tos.ohio.gov)

Treasurer of State of Ohio  
Securities Held by Trustee for Financial Institution

Instructions for completing the Request for Release/Substitution of Depository Bank Collateral form

E-mail completed form to: [bank.collateral@tos.ohio.gov](mailto:bank.collateral@tos.ohio.gov) or Fax to: (614) 466-9948

Request Date	The date you are completing the form.
To The Trustee	The name of the financial institution holding the security.
Account #	The account number for which securities are held at the trustee bank.
Financial Institution (Pledgor)	The name of the Depository Bank submitting request.
ABA #	American Bankers Association assigned routing number.
Contact Name	The person from the Financial Institution requesting the release/substitution.
Authorized Signature	Person(s) authorized to sign the release of securities from the Financial Institution.
Contact e-mail	Email address for the financial institution contact.
Telephone	Phone number for the financial institution contact who is sending the request.
<b>RELEASE</b> section	Designate when the funds are to be released <b>at maturity</b> or <b>before maturity</b> .
For TOS Use Only	Please leave this column blank.
CUSIP	The security identifier.
Asset Description	The type of security or security name. (i.e.: FNMA mortgage).
PAR (Original Face) to be released	The PAR amount or Original face amount (do not use market value) of the security to be released
Maturity Date	Maturity date or call date of the security.
<b>SUBSTITUTION</b> section	Enter the required information for any security(s) you will be pledging in addition to the release(s). Please send pledge information to Trustee and request they forward confirmation of the pledge to the Treasury as soon as it is available.