



Josh Mandel, State Treasurer 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 (“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

To the Trustee: _____ Account #: _____
(Trustee refers to the institution holding the securities)

Financial Institution (Pledgor): _____ ABA #: _____

Financial Institution Contact: _____

Contact e-mail: _____ Telephone: _____

Note to FINANCIAL INSTITUTION: If substitution of collateral (Collateral”) is required, please pledge the Securities directly to the Trustee and inform the Trustee to provide the State Treasurer of Ohio (“Treasurer”) with written confirmation of the pledge. The Treasurer will approve the release of Securities upon a pledge of sufficient Collateral.

RELEASE the following Security(s) to the ABA above:

For Treasurer 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.

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

For Treasurer Use Investment #	CUSIP	Asset Description	Par (Original Face)	Maturity Date

State Treasurer of Ohio Designee

Authorized Signature: _____

Print Name: _____

Approval Date: _____

Treasurer’s Office Contacts:

30 E. Broad Street, 9th Floor
Columbus, Ohio 43215-3461

Elizabeth McAndrew (614) 644-1285

Jane Matson (614) 644-1275

e-mail: bank.collateral@tos.ohio.gov

State Treasurer 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 or fax to: (614) 466-9948

Request Date	The date the form is being completed.
To the Trustee	The name of the institution holding the security.
Account #	The account number for which securities are held at the Trustee.
Financial Institution (Pledgor)	The name of the depository bank submitting the request.
ABA #	American Bankers Association assigned routing number.
Contact Name	The person from the Financial Institution requesting the release/substitution.
Contact e-mail	Email address for the Financial Institution contact.
Telephone	Phone number for the Financial Institution contact who is sending the request.
RELEASE section	The date the funds are to be released (i.e., at maturity or before maturity).
For Treasurer 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.
SUBSTITUTION section	Enter the required information for any security(s) that will be pledged in addition to the release(s). Please send pledge information to Trustee and request that the Trustee forward confirmation of the pledge to the Treasurer as soon as it is available.