Division of Financial Institutions
85 7th Place East | Suite 280 | Saint Paul, MN 55101
trust.pledging@state.mn.us

# Guaranty Fund
# Pledge Acceptance

To _____: (Custodian)
(Custodian Bank Name, Address, City, State, Zip)

We ask you to accept as custodian for safekeeping, and to execute the receipt below for, the following described securities:
*insert full description of security, CUSIP #, rate, amount, and maturity date*

These securities are owned by the undersigned _____ (herein called the Trust Company) and have been assigned and transferred by it to the undersigned Minnesota Management and Budget (MMB), Treasury Division as a guaranty fund for performance of its duties as a fiduciary and are tendered to you as custodian. The Trust Company represents that there has been a full compliance with all laws which pertain to your acting as custodian of these securities.

As custodian you are to follow these instructions:

1. Until you receive from the undersigned designee of the MMB, Treasury Division, or a successor to this office instructions to the contrary, you are to detach and surrender to the undersigned Trust Company any interest coupons of the Securities, from time to time as such coupons mature.

2. You are to surrender all the securities to said MMB, Treasury Division, or any successor to this office upon the written demand at any time of (a) undersigned designee, or such successor and (b) the undersigned Commissioner of Commerce, or designee, or any successor to their offices, and shall notify the undersigned Trust Company of such surrender at or before the time it is made. Mailing such notice, addressed to said Trust Company at _____, will be sufficient notification.

3. You are to surrender all the securities to the undersigned Trust Company upon, but not without, the written order to do so by (a) the undersigned designee of MMB, Treasury Division, or any successor to this office and (b) the undersigned Commissioner of Commerce, or designee, or any successor to their offices.

Original Signature of Officer of Trust Company | Officer Name and Title of Trust Company | Date

RECEIPT

We acknowledge receipt of the securities described in the foregoing communication and agree to act as custodian thereof in accordance with the instructions therein. This receipt is not assignable or negotiable.

Authorized Original Signature of Custodian Bank | Officer Name and Title of Custodian Bank | Date

**Please submit completed form to trust.pledging@state.mn.us or**
**Minnesota Department of Commerce | Division of Financial Institutions | 85 7th Place East | Suite 280 | Saint Paul, MN 55101**

**For Office Use Only**

Minnesota Department of Commerce | Date

MMB, Treasury Division | Date