COLLATERAL INSTRUMENTS PLEDGE - PUBLIC ENTITY

_____
Instrument Description

_____/_____ /_____
Issuer Issue Date

_____
Custody Receipt Number I.D. Number

_____/_____/_____
Maturity or Expiration Date

$ _____
Original Face Amount

_____
Name of Pledgor Bank Mailing Address of Pledgor Bank

_____
Signature of Duly Autnorized Bank Officer Date
of the Pledgor Bank

_____ _____
Name and title of Duly Authorized Bank Officer Public Entity Treasurer Date
(Please type or print clearly) Submit Original Form with each Collateral Instrument to:

Name of Public Entity _____

Mailing Address _____

City, State & ZIP Code _____

SUBSTITUTION

Is the Above Pledge a Substitution of Collateral?
Yes _____ No _____

If yes, please provide the following information about the collateral being substituted:

Previous Pledge Number: _____

RELEASE OF COLLATERAL

As a Duly Authorized Bank officer of _____, I hereby request release of the above described Public Entity Pledge number _____.

_____ _____
Signature of Duly Authorized Bank Officer Date
of the Pledgor Bank

_____ _____
Name and title of Duly Authorized Bank Officer Public Entity Treasurer Date
(please type or print clearly)