PUBLIC DEPOSIT IDENTIFICATION AND ACKNOWLEDGMENT FORM

Public Depositor Account Information

Account Number: ________________________________ Type of Account (CD/other): _________

Account Name: ____________________________________________ Full Name as it Appears on the Records of the Qualified Public Depository

Accountholder’s Federal Employer Identification Number (FEIN): ________________________________

Qualified Public Depository (QPD) Information

QPD’s Full Legal Name: ____________________________________________ For Protection Under Chapter 280, Florida Statutes, Depository MUST be a QPD

QPD’s Address: ____________________________________________________________

QPD’s FEIN: ________________________________

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Public Deposit Identification

I DECLARE that the above referenced account meets the definition of a public deposit pursuant to Section 280.02, Florida Statutes (F.S.), and is not exempt under the laws of Florida. A current Public Deposit Identification and Acknowledgment Form will be maintained as a valuable record of the public depositor. The current Public Deposit Identification and Acknowledgment Form with original signatures will need to be submitted in the event the above named QPD becomes insolvent or in default and a claim is filed with the Chief Financial Officer, State of Florida’s office.

Signature for Public Depositor: ________________________________ Date: ________________

Printed Name & Title: _________________________________________

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Qualified Public Depository Acknowledgment

I ACKNOWLEDGE that the above referenced account has been identified to this QPD as a public deposit. Pursuant to Chapter 280, F.S., this account will be classified on the records of this QPD as a public deposit, collateralized as such, and reported as such on the Public Depository Monthly Report J1-1003, Public Depository Annual report J14-1004, and any other report of public deposits requested by the Chief Financial Officer, State of Florida.

Signature for Qualified Public Depository: ________________________________ Date: ________________

Printed Name & Title: _________________________________________