



DEPARTMENT OF FINANCIAL SERVICES
Division of Treasury – Bureau of Collateral Management

TRANSFER OF COLLATERAL

Legal Name of Pledgor*: _____
 FEIN: _____
 Date: _____

Legal Name of Custodian: _____
 Contact Person: _____
 Custodian's Address: _____
 City, State, Zip Code: _____

As custodian for the State of Florida, you currently hold the following collateral to secure Florida public deposits:

CUSIP Number	Complete Description/Pool Number	Interest Rate	Maturity Date	Original Par Face Amount**	Current Par**	Market Value	Security Rating
TOTALS:				\$ _____	\$ _____	\$ _____	

Upon the Chief Financial Officer's approval, release these securities from _____, account # _____, _____
 and transfer to _____, account # _____, subject to redeposit with the pledge to the Chief Financial Officer intact.
Custodian

Signature of Authorized Person: _____
 Title of Authorized Person: _____
 Phone #: _____
 E-mail: _____

APPROVED State of Florida

By: _____
 Date: _____

cc: Division of Treasury
 200 E. Gaines Street
 Tallahassee, FL 32399-0345

*Pursuant to Section 280.041, F.S.
 **For securities that pay down, report original face and current par. For securities that do not pay down, report par value in both columns.