



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

WITHDRAWAL 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 to secure Florida public deposits, you currently hold the following collateral:

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

Release this collateral from account # _____.

Certification: I CERTIFY that the market value of the remaining pledged collateral is equal to or greater than our required collateral.

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

APPROVED State of Florida

By: _____
 Date: _____

cc: Chief Financial Officer
 200 E. Gaines Street
 Tallahassee, FL 32399-0345

*Pursuant to Section 280.41, 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.