



Update Contact Information Form

Please provide the name of the individual & the department receiving the State Depository Certificate along with the mailing address.

Name

Department

Address

State

Zip Code

Phone Number

Email Address

If you have any questions, please contact:

Justin Smith
Office of State Treasurer David McRae
qualifieddepository@treasury.ms.gov
601-359-3536 / 601-359-5227
P.O. Box 138 Jackson, MS 39205
501 North West Street, Suite 1101
Jackson, MS 39201

substitute, or exchange securities held in custodial accounts as outlined in a separate Collateral Security Agreement.

(4) The Depository agrees that it shall be in default if it fails to pay all or any part of the principal amount on deposit in demand accounts, time accounts, certificates of deposit or repurchase agreements, including earned interest at the specified maturity date. The Depository shall also be in default if ruled "bankrupt", "insolvent" or "failed" by the appropriate State or Federal regulatory agency.

(5) In the event of default, failure or insolvency of the Depository, the State Treasurer is hereby given the authority and power to transfer or liquidate the pledged securities. If the security is transferred or liquidated, ownership of the security will transfer entirely to the State of Mississippi; any proceeds over the value of the defaulted amount of the matured investment, including accrued interest, plus expenses related to the liquidation transaction, shall be returned to the Depository.

(6) The Depository will provide to the State Treasurer, semi-annually, any and all financial reports as furnished to its appropriate regulatory agency.

(7) Parties to this agreement stipulate that State Funds will be allocated to qualified depositories to the State on a pro rata basis, as determined under Sections 27-105-09 and 27-105-33 of Mississippi Code 1972, annotated, as amended.

(8) The Depository agrees that the provisions of this application, after acceptance by the State Treasurer and upon the issuance of the Commission, to the applying Depository, shall become a binding contract governed and subject to the laws of the State of Mississippi.

(9) I, _____, do hereby declare that the
(Name and Title of Officer Authorized to Sign)
information provided in this application and supporting materials are correct to the best of my knowledge and that the application and supporting material have been prepared in accordance with Mississippi law and applicable Federal and State regulatory agency requirements. Any knowing or willful misstatement of fact on the application or supporting

material shall subject the below-named officer to the penalty of perjury, and the financial institution of which he is an officer shall not be eligible to serve as a Depository for a period of one year commencing with the date on which the State Treasurer certifies that such a misstatement has been made.

(10) The Depository agrees to indemnify and hold harmless the State of Mississippi for all costs or expenses incurred, should the Depository default or violate the terms and conditions of this agreements.

Name of Depository

Signature

Typed Name and Title

Date

STATE OF MISSISSIPPI

_____ County

Personally appeared before me, the undersigned officer in and for said County and State,
_____, an official of the Depository named above, who
says upon his oath that the above statements are true and correct.

Sworn to and subscribed before me on this the _____ day of _____, 2022.

Notary Public

Notary Seal

My Commission Expires _____

Accepted this 1st day of December 2022 by the State Treasurer.

David McRae
State Treasurer

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Name of Depository

Signature

Typed Name and Title

Date

STATE OF MISSISSIPPI

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David McRae
State Treasurer

