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COLLATERAL DIVISION WITHDRAWAL OF COLLATERAL

Legal Name of Bank: _____

Date: _____

Legal Name of Safekeeper: _____

Contact Person: _____

Safekeeper's Address: _____

City, State, Zip: _____

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

CUSIP Number	Description	Maturity Date	Original Par/Face Amount	Current Par
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTALS: \$ _____ \$ _____

Release this collateral from account # _____

ABA # _____

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

APPROVED by the Office of the State Treasurer

Signature of Authorized Person: _____

By: _____

Title of Authorized Person: _____

Date: _____

Phone #: _____

E-mail: _____