

APPLICATION FOR STATE OF MISSISSIPPI FUNDS

PLEASE RETURN TO THE OFFICE OF THE STATE TREASURER BY OCTOBER 1, 2024

Do not send your CALL REPORTS

 Please return Application and Contract Form D-1 (in excess of \$250,000) or Form D-2 (up to \$250,000) – signed and notarized.		
 June 30, 2024 Call Report Leverage ratio must b 5 1/2%,or more to receive funds in excess of \$250		nd one- half percent,
 Complete the following to calculate Mis June <u>30, 2024</u> . Mississippi Deposits are branches located in Mississippi.	sissipp define	•
 Physical bank branch located in the State of Missi	ssippi	
 June 30,2024 Leverage Ratio-RC-R Line 31:		
FDIC Call Report – Schedule RC line 13A		\$
Deposits from banks outside of Mississippi	(-)	\$
Mississippi Deposits	(=)	\$

If you have any questions, please contact:

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



APPLICATION AND CONTRACT FOR THE STATE OF MISSISSIPPI FUNDS In excess of \$250,000 deposit insurance limit

TO THE TREASURER OF THE STATE OF MISSISSIPPI:

_____, a financial institution duly organized, (1)operating and domiciled in the State of Mississippi, whose principal place of business is _____, (hereinafter "Depository"), hereby requests located in (City & State) to be appointed, designated and commissioned a Depository for State Funds for one year beginning December 1, 2024, pursuant to Section 27-105-1, et. seq., of Mississippi Code of 1972, annotated, as amended and to be awarded and allowed to keep, during said year, State Funds in an amount not exceeding thirty-five percent (35%) of said Depository's paid-in and earned capital funds as reported on June 30, 2024, unless additional funds are specifically approved by the State Treasurer and accepted by said Depository. (2) The Depository hereby agrees to keep on deposit, as security for said funds and for the faithful performance of all duties imposed upon it by law, approved securities in a sum of at least equal to one-hundred-five percent (105%) of the total amount of funds on deposit by the State Treasurer in excess of the two hundred fifty thousand dollars (\$250,000) insured deposit amount, pursuant to Section 27-105-5, of the Mississippi Code of 1972, annotated, as amended.

(3) The Depository agrees to deposit for safekeeping the above pledged securities with an approved State or National bank, which is a member of the Federal Deposit Insurance Corporation or with a Federal Reserve Bank or Federal Reserve Branch Bank. The securities are to be released only upon the joint written authorization of the State Treasurer (or duly authorized representative) and the officials of the Depository. The Depository may pledge, 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 liquated, 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 _____, 2024.

Notary Public

Notary Seal

My Commission Expires_____

Accepted this 1st day of December 2024 by the State Treasurer.

David McRae State Treasurer



APPLICATION AND CONTRACT FOR STATE OF MISSISSIPPI FUNDS Up to \$250,000 deposit insurance limit

TO THE TREASURER OF THE STATE OF MISSISSIPPI:

(1) ______, a financial institution duly organized, operating and domiciled in the State of Mississippi, whose principal place of business is located in ______, (hereinafter "Depository"), hereby requests (City & State) to be appointed, designated and commissioned a Depository for State Funds for one year beginning December 1, 2024 pursuant to Section 27-105-1, et. seq., of the Mississippi Code of 1972, annotated, as amended and to be awarded and allowed to keep, during said year, State Funds in an amount not exceeding the Federal Deposit Insurance Corporation \$250,000 deposit insurance limit.

(2) 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.

(3) 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 materials 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 materials 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 certified that such as misstatement has been made. (4) 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 agreement.

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 _____, 2024.

Notary Public

Notary Seal

My Commission Expires_____

Accepted this 1st day of December 2024 by the State Treasurer.

David McRae State Treasurer