

# Pledgee Agreement Form

**To: Federal Reserve Bank of Boston**  
600 Atlantic Avenue  
Boston, MA 02210  
**Attn: Wholesale Operations/Joint Custody**

**Tel: 800-327-0147, Option #4**  
Fax: 877-973-8972

**Date:** \_\_\_\_\_

We, the \_\_\_\_\_ agree to the terms of **Appendix C** of your *Operating Circular 7*, dated August 19, 2005, as it may be amended from time to time with respect to the account on your books designated \_\_\_\_\_ (4 digit alpha-numeric account number)

We further agree that you may accept par for par substitutions: securities from the Pledgor as a replacement of, or in substitution for, those securities presently held (please check one):

NO (Instructions required for each withdrawal)

YES (Standing approval)

Provided that the replacement or substitution does not reduce the aggregate par amount of securities held in custody for us. (See *Operating Circular 7, Appendix C, Section 4.3.*)

We authorize you to use the following call-back procedure for securities transactions pertaining to this account (please check one):

Three-party call-back

Four-party call-back

We certify that the individuals listed below may take authoritative action on our behalf with respect to the account, including a direction to release collateral from the account. You may rely on the authority of these individuals with respect to the account until we otherwise notify you.

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Pledgee Agreement

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Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Undersigned hereby certifies that he/she is the present lawful incumbent of the designated public office.

## Pledgee

\_\_\_\_\_  
Name of governmental unit

\_\_\_\_\_  
Street Address or P.O Box Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Official Signature/ **Date**

\_\_\_\_\_  
Printed Name and Title

## Notary

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me personally appeared \_\_\_\_\_, to me personally known or satisfactorily proven, who by me duly sworn, did depose and say that he/she resides at \_\_\_\_\_, in the City of \_\_\_\_\_, in the State of \_\_\_\_\_, that he/she is the \_\_\_\_\_ [Title] of \_\_\_\_\_ and that he/she executed this document on behalf of \_\_\_\_\_ before me.

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Print name of Notary)

My commission expires on \_\_\_\_\_ [Date]