NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF BANKING
GOVERNMENT UNIT DEPOSIT PROTECTION ACT
APPLICATION TO BECOME A PUBLIC DEPOSITORY
Pursuant to *N.J.S.A.* 17:9-41 and *N.J.A.C.* 3:34-1.2

Institution name: _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

Institution type _____
(Bank, Savings Bank, Savings & Loan Association, Credit Union)

Chartering Agency: _____
(State of NJ, Other State (list), OCC, NCUA)

Certification requested (Full or Limited) _____

Estimated total GUDPA deposits after 12 months $_____

Estimated uninsured GUDPA deposits after 12 months $_____

Name requested on GUDPA Certificate _____

Federal Charter Number _____

Capital Designation _____

GUDPA Contact information:	Primary	Secondary
First and Last Name Title		
Email address		
Telephone number/extension Fax		

Attach:

A. Certified true copy of board resolution(s) authorizing participation in GUDPA and designation of GUDPA Custodian.

B. Fully executed copy of custodial agreement naming "Commissioner, New Jersey Department of Banking and Insurance" as beneficiary. (Full Certificates Only)

Certification
By filing this application, the above named financial institution certifies that it is aware of and familiar with the applicable GUDPA statutes at *N.J.S.A.* 17:9-41 *et seq.* and related regulations at *N.J.A.C.* 3:34, and agrees to compliance therewith.

_____ _____
Authorized Signature *Print Name*

_____ _____
Title *Date*