

DEPOSIT/SUBSTITUTION REQUEST FORM

To: State of New Jersey - Department of Banking and Insurance
Office of Solvency Regulation
Attn: **Robert L. Edge**
robert.edge@dobi.nj.gov
P.O. Box 325
Trenton, NJ 08625-0325

To: TD Bank, National Association
Attn: **Arlene Murphy**
Wealth Management, Institutional Trust
1006 Astoria Blvd.
Cherry Hill, New Jersey 08034

Re: Commissioner of Banking and Insurance of the State of New Jersey as Trustee

Account Number: _____ Company Name: _____

Phone Number: _____ Fax Number: _____

In accordance with the administration of the Custodian Deposits held by you as Custodian for the New Jersey Department of Banking and Insurance, we request the following transaction(s):

_____ Free Receive Securities _____ Free Deliver Securities _____ DVP (Delivery vs. Payment)
_____ TD Bank to buy Securities _____ Substitution of Securities

Securities to be deposited:

Cusip: _____ Description: _____
Par/Current Face: _____ Original Face: _____ Price: _____
Principal: _____ Interest: _____ Net \$: _____
Trade Date: _____ Settlement Date: _____ Broker: _____
Fed Wire Instructions: _____

Securities to be released:

Cusip: _____ Description: _____
Par/Current Face: _____ Original Face: _____ Price: _____
Principal: _____ Interest: _____ Net \$: _____
Trade Date: _____ Settlement Date: _____ Broker: _____
Fed Wire Instructions: _____

Name and Telephone Number of Company Representative Signature of Company Representative - Date
Company faxes/e-mail form to Department of Banking and Insurance (609) 454-8587

Required consent by the Commissioner of Banking and Insurance, State of New Jersey:

Signature of DOBI Representative - Date
DOBI faxes/e-mail form to TD Bank for Acknowledgement

TD Bank Representative acknowledges receipt of form:

Signature of TD Bank Representative - Date
TD Bank faxes/e-mail signed form to both the above company and DOBI

Comments: