



Department of Insurance
State of Arizona
 Captive Insurance Division
 Telephone: (602) 364-4490
 Fax: (602) 364-3989

JANICE K. BREWER
 Governor

2910 North 44th Street, Suite 210
 Phoenix, Arizona 85018-7256
 www.azinsurance.gov

CHRISTINA URIAS
 Director of Insurance

Confirmation Form

Your completion of the following report will be sincerely appreciated. IF THE ANSWER TO ANY ITEM IS "NONE," PLEASE SO STATE. Kindly return it in the enclosed, stamped, addressed envelope.

(Bank)	(Company Name)
(Street Address)	(Account Name Per Bank Records)
(City, State, Zip)	(Authorized Signature)(Date)

Note: If the space provided is inadequate, please enter totals hereon and attach a statement giving full details as called for by the columnar headings below.

- At the close of business on _____, our records showed that the following cash and security balance(s) to the credit of the above named customer.

(To be completed by ISSUING Institution only)

2. Trust or Custodial Account	Account Number	Per Attached Trust or Custodial Account Statement	Any loans, liens or other hypothecations against this account?	Remarks
Cash Balance	#			
\$	#			
Securities Balance	Account Number			
	#			

3. Checking or Other Account	Account Number	Subject to withdrawal by check?	Interest Rate	Any loans, liens or other hypothecations against this account?	Remarks
Cash Balance	Account Number				

4. Please list the names of individuals that are signers on the above account(s) and if there is more than ONE signature required.

- I certify that the above answers are correct and complete to the best of my knowledge.

(Date)	(Issuing Institution)
(Telephone Number)	(Authorized Signature)

RETURN TO CAPTIVE INSURANCE DIVISION