

SECURITY DEPOSIT FORM ARIZONA DEPARTMENT OF INSURANCE

*This form must be completed **prior to** all deliveries to Union Bank.
A release **Form E126** must be received at the same time for substitution requests.*

MAIL	Denise Wong, Vice President Senior Client Relationship Manager Union Bank 350 California Street, 6th Floor San Francisco, CA 94104	FAX	(877) 833-8854
		EMAIL	Arizona-Union@unionbank.com
		PHONE	(800) 962-1784

Union Bank Account Name:		Union Bank Account Number:	
Company Contact:		Company Contact Telephone:	
Delivery Date:		Amount of Par for Deposit: \$	
Buy/Free Receive	Price:	Trade Date:	Settlement Date:
Principal:		UNITS:	Cost Basis:
Net Amount:		Interest or Commission:	
Broker Name & Number:		Broker Telephone number:	

Type of Security (**check one**) Complete the information below - **One form per security asset required.**

Please provide detailed security information. For a security other than a U. S. Treasury Obligation please provide the rating information (below) and verify that the security meets the criteria of Eligible Securities as defined on Appendix A of your Custody Agreement Form E003.

Security Name		CUSIP	
Security Rate: %	Security Issue Date:	Security Maturity Date:	
Rating Source:	Standard & Poor's Rating / As of date	Moody's Rating / As of Date	Equivalent NAIC Designation
<input type="checkbox"/> U. S. Treasury Obligation deliver to: Federal Reserve Bank: FRB Eligible Securities Only: UNION BK LA/TRUST ABA #: 122000496 For Credit to Account # _____		<input type="checkbox"/> DTCC Eligible Security deliver to: Union Bank, N.A. DTC Participant 2145 For Credit to Account # _____ Agent Bank ID #: 27978 Institutional ID #: 15810	

PLEASE NOTE - CASH IS ONLY ACCEPTED TO: FACILITATE NEW SECURITY PURCHASES AND TRADES, OR HOLD AS PRINCIPAL FUNDS IN A WORKERS' COMPENSATION DEPOSIT

<input type="checkbox"/> CASH WIRE - Union Bank, N.A. Monterey Park, CA 91755 TRUSF Branch 09569 ATTN: Domestic Custody ABA # 122000496 For Credit to Account #: _____ (Insert Trust account# in the "BNF_ID" or Beneficiary ID field) Account Name: _____
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Book Entry or DVP: Forward to Union Bank on Trade Date

By signature below you are certifying that the security described above, meets the criteria of the "Arizona Department of Insurance Form E003, Appendix A Eligible Securities"

 Authorized Signature on File with Union Bank Printed Name & Title Date