



Department of Insurance
State of Arizona
Financial Affairs Division – Trust Deposit Unit
 2910 North 44th Street, Suite 210
 Phoenix, Arizona 85018-7269
 Telephone: (602) 364-2712
 Fax: (602) 364-3989
www.azinsurance.gov

REQUEST FOR RELEASE OF CERTIFICATE OF DEPOSIT

REQUEST IS MADE FOR RELEASE OF THE FOLLOWING CERTIFICATE OF DEPOSIT FROM SAFEKEEPING WITH THE ARIZONA STATE TREASURER ON BEHALF OF THE DIRECTOR OF INSURANCE, WHO IS, IN TURN, HOLDING THE SECURITY FOR:

 (Complete Name of Company)

 (NAIC / AZ CO #)

CERTIFICATE OF DEPOSIT DESCRIPTION:

Name of Financial Institution: _____
 Face Amount: \$ _____ Interest Rate: _____ % Maturity Date: _____
 Certificate of Deposit Number: _____
 Financial Institution Account Number: _____ (if different than CD Number)

TO BE CLASSIFIED AS A: (Check one type only)

- HCSO Escrow Reserve Deposit - ARS § 20-1056
- Ordinary Statutory Deposit required for authority to transact in Arizona
- Retaliatory Deposit – ARS § 20-230
- Security Deposit for the benefit of ARIZONA policyholders only
- Workers' Compensation Deposit – ARS § 23-961

INSTRUCTIONS FOR DELIVERY OF THE RELEASED CERTIFICATE ARE:

- A. The Company authorizes _____ of _____
 to take possession of the Certificate of Deposit at a meeting to be scheduled by us.
- B. Ordinary U.S. mail delivery directed to: _____
 Recipient Name and Title: _____
 Company or Firm Name: _____
 Street Address: _____
 City, State, Zip: _____

BY THIS AUTHORIZED REPRESENTATIVE OF THE COMPANY: (authorizing resolution may be required)

Name: _____ Title: _____
 Signature: _____ Date: _____
 CONTACT PERSON: _____ Title: _____
 Collect or Toll-Free Phone: _____ Fax: _____

DELIVER THIS FORM TO THE ADDRESS SHOWN ABOVE
Please call (602) 364-2712 for assistance to complete and file this form