

**MISSISSIPPI TREASURY DEPARTMENT  
PUBLIC FUNDS GUARANTY POOL BOARD  
P. O. BOX 138  
JACKSON, MS 39205**

**APPLICATION FOR ADMISSION TO PUBLIC FUNDS GUARANTY POOL**

Pursuant to Miss. Code Ann. § 27-105-6 and rules promulgated thereunder, all information requested by this application form must be submitted by the applicant before the application can be processed by the Treasurer's office. Please return this application package to the above address.

**SCHEDULE A – GENERAL INFORMATION**

1. FDIC Certificate #: \_\_\_\_\_ 2. Date Submitted: \_\_\_\_\_
3. ABA#: \_\_\_\_\_ 4. Tax ID #: \_\_\_\_\_
1. Legal Name of Depository: \_\_\_\_\_
6. Address of Principal Offices: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Depository Charter Date: \_\_\_\_\_
8. Date Operation Commenced: \_\_\_\_\_
9. Depository's Three Most Senior Officers:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_
10. Please attach a resume for each individual listed above giving his or her experience and qualifications.
11. E-mail Adresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE B – PUBLIC DEPOSITS HELD**

**Attention: Please provide a listing of all Public Depositors and their account numbers.**

**1. Average monthly balance of public deposits for preceding 12 calendar months (in thousands):**

Month –Year	Month End Balance
a. _____	_____
	<i>(prior month)</i>
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____
i. _____	_____
j. _____	_____
k. _____	_____
l. _____	_____

**2. \*Total \$ \_\_\_\_\_**

**3. Calculate average monthly balance by dividing the amount on line number 2 by 12.  
The average monthly balance of public deposits = \$ \_\_\_\_\_**

**Please refer to the instruction sheet prepared for Schedule B – Public Deposits Held.**

**SCHEDULE C – TRUSTEE CUSTODIAN DECLARATIONS**

Please list below all Trustee Custodians that the applicant will use to safeguard collateral pledged to the pool:

Trustee Custodian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

Trustee Custodian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

Trustee Custodian Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

**SCHEDULE D – FINANCIAL INFORMATION**

For the eight quarters immediately preceding the date of application, please complete the following schedule of financial information to be taken from the Report of Condition to the FDIC (Call Report).

**Please refer to the instruction sheet for each schedule.**

(Month/Year) Call Report Type:  31  41

Item \_\_\_\_\_  
(in thousands)

Total Assets	_____	_____	_____	_____
(MM/YY)	( / )	( / )	( / )	( / )
	_____	_____	_____	_____
	( / )	( / )	( / )	( / )

Allowance for Loan

Loss:

(MM/YY)	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>
	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>

Loans Past Due

90 Days:

(MM/YY)	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>
	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>

Total Non-Accrual

Loans:

(MM/YY)	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>
	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>

Other Real Estate

Owned:

(MM/YY)	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>
	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>

Net Income:

(MM/YY)	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>
	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>

Average Assets:

(MM/YY)	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>
	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>

Total Loans:

(MM/YY)	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>
---------	--------------	--------------	--------------	--------------

<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>
--------------	--------------	--------------	--------------

Total Equity  
Capital:

(MM/YY)	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>
---------	--------------	--------------	--------------	--------------

<u>( / )</u>	<u>( / )</u>	<u>( / )</u>	<u>( / )</u>
--------------	--------------	--------------	--------------

**CERTIFICATION**

Certification: “ I hereby certify that the information contained in this application, including all attached reports, is true and correct to the best of my knowledge.”

**Senior Bank Officer**

**Preparer**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me:

*Notary Seal*

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**STATE OF MISSISSIPPI  
PUBLIC FUNDS GUARANTY POOL**

**INSTRUCTIONS FOR COMPLETING  
THE PUBLIC FUNDS GUARANTY POOL APPLICATION FORM**

Please use the following instructions when completing the application form to insure that the correct information is being supplied. Should you have further questions concerning this application, please contact the Public Funds Guaranty Pool staff at (601) 359-2172. Written inquiries may be faxed to (601) 359-2001 or sent via email to [Collateral@treasury.state.ms.us](mailto:Collateral@treasury.state.ms.us).

Please note that the application form **MUST** be completed correctly to be processed. Incomplete applications will be held until complete or returned if not correctly completed. Thank you.

**SCHEDULE A – GENERAL INFORMATION**

1. **FDIC CERTIFICATE #** is the Federal Deposit Insurance Corporation's certificate number assigned to your institution.
2. **DATE SUBMITTED** is the date you return your application.
3. **ABA NUMBER** is your American Bankers Association transit routing number.
4. **TAX ID NUMBER** is your federal tax identification number.
5. **LEGAL NAME OF DEPOSITORY** is the full legal name which your institution is chartered under.
6. **ADDRESS OF PRINCIPAL OFFICES** is the primary business address for your bank and the address where collateral pool correspondence will be directed.
7. **DEPOSITORY CHARTER DATE** is the date of your charter.
8. **DATE OPERATIONS COMMENCED** is the date your institution began conducting business.
9. **DEPOSITORY'S THREE MOST SENIOR OFFICERS** is a listing of the three officers having senior responsibility for your institution. Please give full names and full titles.
10. **PLEASE ATTACH A RESUME** is related to #9. Please include a resume or data sheet giving the experience and qualifications of the three officers listed in #9.
11. **PLEASE ENTER E-MAIL ADDRESS** of the contact person.

## **SCHEDULE B – PUBLIC DEPOSIT HELD**

Please list all public deposits being held as of the end of the last month **PRIOR** to the date your application was submitted. This listing should include the name of the public depositor and the account number.

1. To calculate the **Average Monthly Balance** of public deposits being held by your institution, use the following steps:

Beginning with the month being reported on line ‘a’, list the month and year for each of the preceding 12 months in the appropriate spaces in the month/year column (lines a-1). The Month End Balance of public deposits held by the bank for each period being reported should be listed in the month end balance column. Month End Balance of public deposits held should include ALL demand, time and savings accounts being held for public depositors, less the applicable federal deposit insurance.

2. After listing the totals in step #1, sum the amount column to determine the total of all Month End Balances of public deposits held for the 12-month period listed. Write the total on line #2.
3. Divide the total of the monthly averages as determined in step #2 by 12 to calculate average monthly balance of public deposits held. Record the amount on line #3.

## **SCHEDULE C – TRUSTEE CUSTODIAN DECLARATIONS**

Please list all the Trustee Custodian Banks your institution will use to safe keep securities pledged to the State Treasure. The full legal name of the institution, the primary person to contact, the phone number of the contact and the primary business address should be given in the proper space provided.

**IMPORTANT NOTICE: ALL TRUSTEE CUSTODIAN BANKS MUST BE APPROVED BY THE STATE TREASURER’S OFFICE.**

**SCHEDULE D – FINANCIAL INFORMATION**

For the eight quarters immediately preceding the date of application for admission to the pool, please list the requested information in the appropriate spaces. The quarter and year of the information being reported should be noted across the top of the table in the spaces provided. Care should be taken that the information given is under the proper quarter and year. The (MM/YY) is to be used to insert the month in the MM and the year in the YY spaces. For example, March 2003 would be (03/03). The most recent quarter should be listed first with the proceeding seven (7) quarters listed in chronological order.

The financial information supplied should be taken from your institution’s Report of Condition (Call Reports) as required by the FDIC. A chart has been provided below to aid in giving the correct location of each requested piece of information. The chart gives the location of the information for each type of call report. Please verify the type of call report you use to determine that you are using the correct location.

Certification Section: Pursuant to Rule 1.03(1)(d) of the Public Funds Guaranty Pool, the application MUST be executed by both the president (or chief of executive officer) and the person preparing the report. The signature, a printed or typed name, official title, telephone number and the date executed should be completed as required. The executed document should then be notarized (the Notary seal must be affixed). An application will not be considered complete until this section has been properly completed.

DESCRIPTION	AMOUNT (IN THOUSANDS)	LOCATION	REPORT #31	REPORT #41
1.Total Assets	\$	Schedule Line # Page #	RC 12 RC -1	RC 12 RC-1
2. Allowance or Loan Losses	\$	Schedule Line # Page #	RC 4c RC-1	RC 4c RC-1
3. Loans Past Due 90 Days	\$	Schedule Line # Page #	RC –N 1 through 9, Column B RC -17	RC –N 1 through 9, Column B RC -16
4. Total Non-Accrual Loans	\$	Schedule Line # Page #	RC –N 1 through 9, Column B RC -17	RC –N 1 through 9, Column B RC -16
5. Other Real Estate Owned	\$	Schedule Line # Page #	RC 7 RC-1	RC 7 RC-1
6. Net Income	\$	Schedule Line #	RI 12	RI 12

		Page #	RI - 2	RI - 2
7. Average Assets	\$	Schedule Line # Page #	RC - K 9 RC -13	RC - K 9 RC -12
8. Total Loans	\$	Schedule Line # Page #	RC 4d RC -1	RC 4d RC -1
9. Total Equity Capital	\$	Schedule Line # Page #	RC 28 RC-2	RC 28 RC-2