

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

NOTICE OF CHANGE

Pursuant to Public Funds Guaranty Pool Rule 1.06(2), every participant of the Public Funds Guaranty Pool will file a notice of change form within three (3) business days of any change of name, address, charter or ownership of the institution.

1. Date: _____ 2. Tax ID Number: _____
3. FDIC Cert #: _____ 4. Effective Date: _____
5. Name: _____
6. Phone: _____ 7. Fax: _____
8. Address: _____

The following changes will take place:

9. Change of name to: _____
10. Change of address to: _____

11. Change of Ownership (please describe): _____

12. Change of charter (please describe): _____

CERTIFICATION

“I hereby certify that the information contained in this notice of change form, including all attached reports, are 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**

**INSTRUCTION SHEET FOR COMPLETING
THE NOTICE OF CHANGE FORM**

Please use the following instructions when completing the Notice of Change Form to ensure that the correct information is being supplied. Please direct any questions or comments to 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. This Notice of Change Form must be sent within three business days of any change of name, address, charter and/or ownership of our institution.

GENERAL INFORMATION

- 1. Date** is the date you submit this form.
- 2. TAX ID #** is your federal tax identification number.
- 3. FDIC Cert #** is the Federal Deposit Insurance Corporation's certificate number assigned to your institution.
- 4. Effective Date** is the date that the changes described on this form take effect.
- 5. Name** is the full legal name which your institution is chartered under.
- 6. Phone #** is the telephone number of your institution's main office.
- 7. Address** is the primary business address of your institution.
- 8. Fax #** is the electronic facsimile number where you would receive collateral pool information.
- 9. Change of Name** is the new full legal name under which your institution will operate.
- 10. Change of Address** is the new primary business address for your institution.
- 11. Change of Ownership** is any change in the primary ownership of your institution. Describe the changes that will occur and any impact these changes might have on ownership structure.
- 12. Change of Charter** is any change of charter that may occur. Please describe what change took place and the reason for this change.

The Certificate Section **MUST** be completed by a senior bank officer and by the person preparing the form. The signature, a printed or typed name, official title, the date executed, and the phone number of the preparer should be completed as required. The executed document should then be notarized, with the notary seal affixed.

The completed form and any related documents should then be mailed to:

**State of Mississippi
Treasury Department
Public Funds Guaranty Pool Board
P O Box 138
Jackson, MS 39205**