

This Section for Official Use Only

Date (YYYY/MM/DD) _____ / ____ / ____

Financial Institution Name: _____

RTN: _____ 5902 ID: _____

COLLATERAL SECURITY RESOLUTION**This is to certify**, that at a meeting of the Board of Directors, Governing Body, or Loan Committee of_____
*(Name of financial institution)*held on _____ / ____ / _____, the following resolution was duly adopted:
(mm/dd/yyyy)

1. **“Resolved**, that the President, or any Vice President, or Cashier, of this financial institution is hereby authorized to execute on behalf of this financial institution the ‘Collateral Pledge and Security Agreement’ (Agreement) between this financial institution and the U.S. Department of the Treasury (Treasury), such execution to be under seal with the attestation of an officer of this financial institution other than an officer executing the Agreement.”

2. **“Resolved further**, that any of such officers of this financial institution is authorized to execute in similar form on behalf of this financial institution such agreements to supplement, amend, or modify the terms of the Agreement as may from time to time be requested or approved by the Treasury or by a Federal Reserve Bank acting as Treasury’s fiscal agent.”

3. **“Resolved further**, that the _____
(Designate one or more officers, as desired, by title)

of this financial institution, and each of them severally, are hereby authorized and directed, from time to time, to deposit collateral security at a place designated by the Treasury, or any Federal Reserve Bank acting as Treasury’s fiscal agent, in such amounts, of such classes, and at such times as Treasury may require, pursuant to the terms and conditions of the Agreement referred to above, to be held for the purposes set forth in, and subject to all the terms and conditions of such Agreement, and that said officers are further authorized to withdraw any or all of the collateral so deposited, subject to prior approval of Treasury or any Federal Reserve Bank acting as its fiscal agent, and further, to make substitutions and exchanges in the said collateral at such times as they may deem necessary, subject to prior approval of Treasury or any Federal Reserve Bank acting as its fiscal agent.”

The undersigned further certifies that said resolution is now in full force and effect without modification or rescission._____
*Signature of Certifying Officer_____
*Name of Certifying Officer_____
*Title of Certifying Officer

*The officer certifying this resolution must have authority to do so and must not be designated under numbered paragraph 3 above.

PAPERWORK REDUCTION ACT NOTICE

We estimate it will take you about 15 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328.
