OMB Number: 3064-0061
Expires: 10/31/2026

SUMMARY OF DEPOSITS	State	Institution
As of Close of Business: _____	Cert	Uninum

Instructions: Please read the attached instructions before you fill out this form. Report amounts of deposits in thousands. Total deposits for all offices must equal total deposits on the Report of Condition (for the "As of Close of Business" date listed above) sent to your main regulatory agency. Make a copy for your files.

SUMMARY OF DEPOSITS	REPORT OF CONDITION (FFIEC 031/041/051 form)	US BRANCHES OF FOREIGN BANKS (FFIEC 002 form)	MAILING ADDRESS
TOTAL DEPOSITS =	SCHEDULE RC ITEM 13.A + DEPOSITS IN OTHER AREAS	SCHEDULE E ITEM 7 A & C	

Office Number	Change Code	Effective Date CCYY/MM/DD	Service Type	Office Name & Address County	CEN Code	Consolidated Office	Total Deposits

(CONTINUED ON NEXT PAGE)

OMB Number: 3064-0061
Expires: 10/31/2026

SUMMARY OF DEPOSITS	State	Institution
As of Close of Business _____	Cert	Uninum

Office Number	Change Code	Effective Date CCYY/MM/DD	Service Type	Office Name & Address County	CEN Code	Consolidated Office	Total Deposits

(CONTINUED ON NEXT PAGE)

OMB Number: 3064-0061
Expires: 10/31/2026

SUMMARY OF DEPOSITS	State	Institution
As of Close of Business _____	Cert	Uninum

Office Number	Change Code	Effective Date CCYY/MM/DD	Service Type	Office Name & Address County	CEN Code	Consolidated Office	Total Deposits
				TOTAL DEPOSITS FOR ALL OFFICES			

I have verified this statement according to the instructions provided, and attest that it is correct and complete to the best of my knowledge and belief and that the deposit totals agree with those reported on the stated Report of Condition.

Preparer / Contact Name and Telephone Number (Please Print)	Authorized Official Signature	Date