



# Office of the State Treasurer

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State Treasurer

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## EXHIBIT D – VOLUNTARY PARTICIPANT APPLICATION AND AGREEMENT

State of Georgia Secure Deposit Program

**Applicant Name** \_\_\_\_\_

**FEIN** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Total Public Deposits in GA** \_\_\_\_\_

**Number of Public Depositors in GA** \_\_\_\_\_

**Proposed Custodian** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Date** \_\_\_\_\_

On behalf of \_\_\_\_\_, the Applicant wishes to become a Covered Depository and apply to the State Treasurer as a Voluntary Participant in the State of Georgia Secure Deposit Program (SDP). Applicant hereby represents that, to the best of its knowledge, it meets the requirements set forth in the Secure Deposit Program Policy, Section III (1)-(3) and Section XI (2) (a)-(b), and, if approved by the State Depository Board, will operate under the policies and procedures of the SDP program.

Pursuant to O.C.G.A. § 45-8-1(4)(A)(ii), \_\_\_\_\_, (the “Applicant”) is a financial institution that has elected to participate in the State of Georgia Secure Deposit Program (the “Program”). Applicant agrees to provide the State Treasurer with all agreements and data as promulgated by the SDP Policy, or as may be required by the State Treasurer. Applicant also agrees to be bound by the SDP policy, as amended by the State Depository Board. Upon meeting the qualifications pursuant to Chapter 8 of Title 45 and receiving approval by the State Depository Board, the State Treasurer shall issue a Certificate of Qualification (the “Certificate”) to the Applicant declaring the Applicant as a Voluntary Participant under the Program. The Applicant acknowledges that the Certificate shall be valid for one (1) year. Thereafter, the Certificate shall automatically renew for consecutive one (1) year periods unless: (i) the Applicant is notified by the Treasurer in writing that the Certificate has not been renewed; or (ii) the Applicant opts not to renew and presents a written request no later than sixty (60) days from the scheduled expiration of its certificate to the Treasurer for consideration and in accordance with Program policy.

IN WITNESS WHEREOF, the Applicant has caused this Agreement to be executed as of the date first written above.

### APPLICANT:

**By:** \_\_\_\_\_

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

**Acknowledged By:** \_\_\_\_\_

**For Georgia Bankers Association**

**STATE DEPOSITORY BOARD APPROVAL DECISION:**

On \_\_\_\_\_ (date), the State Depository Board considered this application and

**APPROVED** subject to execution of all required agreements.

**DENIED** this application.

**CERTIFICATION:**

On behalf of the State Depository Board, as State Treasurer, I hereby certify that the Applicant is approved as a Voluntary Participant as of \_\_\_\_\_ (date) and will expire on \_\_\_\_\_ (date) unless renewed.

Any renewal of this certification will be delivered by the State Treasurer in writing to the Voluntary Participant prior to the expiration date.

**OFFICE OF THE STATE TREASURER**

By: \_\_\_\_\_

Steve McCoy  
State Treasurer