



## *Office of the State Treasurer*

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**Steve McCoy**  
State Treasurer

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### **EXHIBIT F – ASSIGNMENT AGREEMENT** State of Georgia Secure Deposit Program

#### **Agreement for Settlement of Claim**

The public depositor, by submission of a claim, agrees to the following terms:

- (1) Proof of authorization to execute the Public Deposit Claim Form and Agreement on behalf of the public depositor shall accompany the claim.
- (2) An assertion that the claim is for public deposits, as set forth in O.C.G.A. § 45-8-1 *et seq.*, and is not exempt under the laws of Georgia or the policies of the State Depository Board, shall be made by the public depositor.
- (3) The public depositor must submit documentation supporting the outstanding amounts set forth in the claim (i.e. bank statements, account agreements, FDIC claim form, etc.)
- (4) Responsibility for research or defense required to support the assertion that the claim covers public deposits and is not exempt as well as the amount of the claim shall be accepted by the public depositor.
- (5) Evidence of deposit insurance afforded this public deposit and offsets allowed shall accompany the claim. The net claim shall be an uncompensated loss which is not subject to any claim or indemnification other than that provided by O.C.G.A. § 45-8-13.1(e).
- (6) Provide any additional documentation or information required by the Treasurer of the State of Georgia to process this claim.
- (7) Assignment to the Treasurer of the State of Georgia of any interest in funds that become available to the defaulted covered depository, with respect to the amount of the claim, shall be made by the public depositor.
- (8) Indemnification of the State of Georgia, including the Treasurer of the State of Georgia, for any claims of other parties, including costs of litigation and attorneys' fees, with respect to the claim, shall be made by the public depositor.
- (9) Return any funds to the Treasurer of the State of Georgia if it is determined by the Treasurer of the State of Georgia that the public depositor's paid claim was overstated.

***“Under the penalties of perjury, I declare that I have read the foregoing Public Deposit Claim Form and Agreement, that the facts stated in it are true, and that I am authorized to bind the public depositor to the terms of the Public Deposit Claim Form and Agreement.”***

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_

by \_\_\_\_\_  
Name of Person Making Statement

\_\_\_\_\_  
Signature of Notary Public – State of Georgia

\_\_\_\_\_  
Commissioned Name of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Type of Identification Produced

By: \_\_\_\_\_  
Authorized Signature for Public Depositor

Name: \_\_\_\_\_  
Printed or Typed

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

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

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_