

DATE: _____

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
Collateral Pledge/Substitution/Release Form

Fax #: New York State Cash Management Unit (518) 473-9560
JP Morgan Chase (718) 242-2333

Bank Name: _____ Escrow # _____

Securities Deposited

Straight Deposit _____ Substitution _____

<u>Par</u>	<u>Security Description</u>	<u>CUSIP</u>

JP Morgan Chase Delivery Instructions:

Fed Delivery:
ABA #021000021
Chase NYC/CUST
Chase Acct #: E _____
Account Name _____

DTC Eligible Securities
DTC Participant #902
Chase Account No. E _____
Account Name _____
Agent Bank No. 25787
Institution No. _____

Securities Released

Straight Release _____ Substitution _____

<u>Par</u>	<u>Security Description</u>	<u>CUSIP</u>

Bank Delivery Instructions:

Bank Authorized Signature: _____ Telephone #: _____

OSC Approval: _____ Telephone #: (518) 474-7701

Received by Fiscal Agent: _____ Telephone #: (718) 242-5247