

## ARIZONA DEPARTMENT OF INSURANCE SECURITY DEPOSIT FORM

*This form must be completed **prior to** all deliveries to Union Bank.  
A release **Form E126** must be received at the same time for substitution requests.*

<b>MAIL</b>	John Fulton, Director MUFG Union Bank, N.A. 350 California Street, Suite 1550 San Francisco, CA 94104	<b>FAX</b>	(877) 833-8854
		<b>EMAIL</b>	<a href="mailto:Arizona-Union@unionbank.com">Arizona-Union@unionbank.com</a>
		<b>PHONE</b>	(800) 962-1784

Union Bank Account Name:		Union Bank Account Number:	
Company Contact:		Company Contact Telephone:	
Delivery Date:		Amount of Par for Deposit: \$	
Buy/Free Deliver	Price:	Trade Date:	Settlement Date:
Principal:	UNITS:	Cost Basis:	
Net Amount:	Interest or Commissions:		
Broker Name & Number:	Broker Telephone Number:		

Type of Security (**check one**) Complete the information below - **One form per security asset required.**

**Please provide detailed security information. For a security other than a U. S. Treasury Obligation please provide the rating information (below) and verify that the security meets the criteria of Eligible Securities as defined on Appendix A of your Custody Agreement Form E003.**

Security Name		CUSIP	
Security Rate	Security Issue Date:	Security Maturity Date:	
Rating Source:	Standard & Poor's Rating / As of date	Moody's Rating / As of Date	Equivalent NAIC Designation

**U. S. Treasury Obligation deliver to:**  
Federal Reserve Bank:  
FRB Eligible Securities Only:  
UNION BK LA/TRUST  
ABA #: 122000496  
For Credit to Account # \_\_\_\_\_

**DTCC Eligible Security deliver to:**  
MUFG Union Bank, N.A.  
DTC Participant 2145  
For Credit to Account # \_\_\_\_\_  
Agent Bank ID #: 27978  
Institutional ID #: 15810

**PLEASE NOTE - CASH IS ONLY ACCEPTED TO: FACILITATE NEW SECURITY PURCHASES AND TRADES, OR HOLD AS PRINCIPAL FUNDS IN A WORKERS' COMPENSATION DEPOSIT**

**CASH WIRE**  
MUFG Union Bank, N.A.  
Monterey Park, CA 91755  
TRUSF Branch 09569  
ATTN: Domestic Custody  
ABA # 122000496  
For Credit to Account #: \_\_\_\_\_ (Insert Trust account# in the "BNF\_ID" or Beneficiary ID field)  
  
Account Name: \_\_\_\_\_

**Book Entry or DVP: Forward to Union Bank on Trade Date**

**By signature below you are certifying that the security described above, meets the criteria of the "Arizona Department of Insurance Form E003, Appendix A Eligible Securities"**

\_\_\_\_\_  
Authorized Signature on File with Union Bank

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date