



**Ohio Treasurer of State**  
Trust Department – Collateral Section

Request for Release/Substitution of Depository Bank Collateral

**The Trustee shall not permit the release or substitution of any of the securities (“Securities”), or the release of any cash proceeds resulting from the maturity or early redemption of any of the Securities, without the written approval of the Ohio Treasurer of State (“Treasurer”) or their designee.**

Request Date: \_\_\_\_\_ FAX to: (614) 466-9948 or E-mail to: [bank.collateral@tos.ohio.gov](mailto:bank.collateral@tos.ohio.gov)

To the Trustee: \_\_\_\_\_ Account #: \_\_\_\_\_  
(Trustee refers to the institution holding the Securities)

Financial Institution (Pledgor): \_\_\_\_\_ ABA #: \_\_\_\_\_

Financial Institution Contact: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Account Number to which the Release/Substitution applies: \_\_\_\_\_

Note to the FINANCIAL INSTITUTION: If substitution of Collateral is required, please pledge the Securities directly to the Trustee and inform the Trustee to provide the Treasurer with written confirmation of the pledge. The Treasurer will approve the release of Securities upon a pledge of sufficient Collateral.

<b>RELEASE</b> the following Securities to the ABA above (check one)				
For Treasurer Use Investment #	CUSIP	Asset Description	Par (Original Face)	Maturity Date
<b>Note to the TRUSTEE:</b> Do not release the Securities until substituted security confirmation is delivered to the Treasurer.				
If a <b>SUBSTITUTION</b> IS REQUIRED prior to release, enter security details below:				
For Treasurer Use Investment #	CUSIP	Asset Description	Par (Original Face)	Maturity Date

**Treasurer Designee**

**Authorized Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_

Treasurer’s Office Contacts:

30 E. Broad Street, 9<sup>th</sup> Floor  
Columbus, Ohio 43215-3461

Elizabeth McAndrew (614) 644-1285

[bank.collateral@tos.ohio.gov](mailto:bank.collateral@tos.ohio.gov)

Ohio Treasurer of State  
Securities Held by Trustee for Financial Institution

Instructions for completing the Request for Release/Substitution of Depository Bank Collateral form

E-mail completed form to: [bank.collateral@tos.ohio.gov](mailto:bank.collateral@tos.ohio.gov) or fax to: (614) 466-9948

Request Date	The date the form is being completed.
To the Trustee	The name of the institution holding the Security.
Account #	The account number for which Securities are held at the Trustee.
Financial Institution (Pledgor)	The name of the depository bank submitting the request.
ABA #	American Bankers Association assigned routing number.
Contact Name	The person from the Financial Institution requesting the release/substitution.
Authorized Signature	Person(s) authorized to sign the release of Securities from the Financial Institution.
Contact e-mail	E-mail address for the Financial Institution contact.
Telephone	Phone number for the Financial Institution contact who is sending the request.
<b>RELEASE</b> Section	The date the funds are to be released (i.e., <b>at</b> maturity or <b>before</b> maturity).
For Treasurer Use Only	Please leave this column blank.
CUSIP	The Security identifier.
Asset Description	The type of Security or the Security name (i.e., FNMA mortgage).
Par (Original Face) to be released	The par amount or original face amount (do not use Value) of the Security to be released.
Maturity Date	Maturity date or call date of the Security.
<b>SUBSTITUTION</b> Section	Enter the required information for any Securities that will be pledged in addition to the release(s). Please send pledge information to the Trustee and request that the Trustee forward confirmation of the pledge to the Treasurer as soon as it is available.