

# SECURITIES TRANSACTION REQUEST

## Outside Depositors Only



State of California  
 Department of Insurance  
 300 Capitol Mall, Suite 14000  
 Sacramento, CA 95814

Request Number
Assigned by Dept. of Ins.

For Depository Use Only
Date of Deposit: _____
Date of Withdrawal: _____

Check One:     Initial Deposit     Additional Deposit     Withdrawal     Substitution/Exchange

Total Deposit Value of:    Deposit: \_\_\_\_\_    Withdrawal: \_\_\_\_\_

COMPANY INFORMATION		If New Company, check here <input type="checkbox"/>
Company Name: _____		
Mailing Address: _____		
Contact Name: _____		
E-mail Address: _____		
Telephone & Fax #: _____	Tax I.D. #: _____	NAIC/CDI #: _____

BANK INFORMATION
Bank Name: _____
Mailing Address: _____
Contact Name: _____
E-mail Address: _____
Telephone & Fax #: _____

### SECURITIES TO BE DEPOSITED

Description of Securities <small>If depositing stock, identify whether common or preferred.</small>	Cusip / Serial / Certificate Number	Rate	Issue Date	Maturity Date	Par/Face Value	Market Value <small>As of: _____</small>	Deposit Value <small>(Lower of Par or Market)</small>	Rating <small>(Include Source)</small>

	<b>DEPOSIT GRAND TOTALS</b>			
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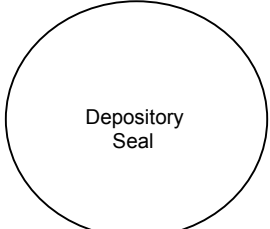
LIST SECURITIES TO BE WITHDRAWN ON REVERSE

<b>Request Number</b>
Assigned by Dept. of Ins.

Company Name:	
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<b>SECURITIES TO BE WITHDRAWN</b>						
Description of Securities <small>If withdrawing stock, identify whether common or preferred.</small>	Cusip / Serial / Certificate Number	Rate	Maturity Dates	Par/Face Value	Market Value <small>As of: _____</small>	Withdrawal Value <small>(Lower of Par or Market)</small>
<b>WITHDRAWAL GRAND TOTALS</b>						

If additional space is needed, use plain paper following columnar format above and have signers initial and date each page.

<b>AUTHORIZATION</b>																					
<b>COMPANY</b>	<b>FINANCIAL INSTITUTION</b>																				
<p style="text-align: center;"><b>MUST BE COMPLETED BY AUTHORIZED COMPANY OFFICER</b></p> <p><i>The insurer certifies that the substituted/additional deposit/withdrawal without replacement is in compliance with Sections 11691 and 11691(c) of the California Insurance Code and Article 9.5, Subchapter 3, Chapter 5, Title 10 of the California Administrative Code.</i></p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Signature of Company Officer</i></td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Print Name and Title</i></td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;"><i>Date</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>Signature of Company Officer</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Print Name and Title</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Date</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> </tr> </table>	<i>Signature of Company Officer</i>	<i>Print Name and Title</i>	<i>Date</i>				<i>Signature of Company Officer</i>	<i>Print Name and Title</i>	<i>Date</i>				<p><i>We (depository) certify that this accounting is true and correct according to our best information and belief.</i></p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><i>Authorized Signature</i></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><i>Date</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>Authorized Signature</i></td> <td style="border-bottom: 1px solid black; text-align: center;"><i>Date</i></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> </tr> </table> <div style="text-align: right; margin-top: 20px;">  <p style="text-align: center;">Depository Seal</p> </div>	<i>Authorized Signature</i>	<i>Date</i>			<i>Authorized Signature</i>	<i>Date</i>		
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