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STATE OF VERMONT  
OFFICE OF THE STATE TREASURER

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PRE-QUALIFICATION TO PARTICIPATE IN COMPETITIVE BIDDING  
OF CERTIFICATES OF DEPOSIT (CDs)

Banking Institution Name: \_\_\_\_\_

**SECTION I: CONDITIONS QUALIFYING A BANKING INSTITUTION TO PROPOSE**

**Legal and other requirements (to pre-qualify, ALL of the following requirements must be met):**

- ◆ Is the Banking institution authorized to conduct business within the state of Vermont?  
 Yes     No
- ◆ Does the banking institution have a branch office within the boundaries of State of Vermont?  
 Yes     No
- ◆ Does the banking institution currently have a satisfactory or outstanding rating under the federal Community Reinvestment Act of 1977?  
 Yes     No
- ◆ Does the banking institution comply with the State of Vermont's Unclaimed Property Act (27 V.S.A. Chapter 14)?  
 Yes     No
- ◆ Is the banking institution in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont?  
 Yes     No

**SECTION II: REQUIRED DOCUMENTS**

The Office of the State Treasurer must receive the following documents from each banking institution before it can be considered:

- ◆ Copies of the banking institution’s most recent quarterly Call Report and Uniform Bank Performance Report (standard version), required;
- ◆ A copy of the banking institution’s most recent Annual Report, if applicable;
- ◆ A copy of the banking institution’s most recent SEC Forms 10-K and 10-Q, if applicable: and
- ◆ A copy of the Annual Report for the banking institution’s holding company, if applicable.

**SECTION III: REQUEST FOR GENERAL INFORMATION**

1. Offices:

Primary Contact Office:

Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Other Service Office(s):

Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Note: If more than one Service Office is to be listed please attach a sheet listing the additional offices.

2. Who in the banking institution has authority to be the representative for this prospective account in submitting this application?

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

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

**Note: This individual must sign the application.**

3. Identify the primary account representative if the banking institution is pre-qualified and approved to participate in the competitive bid process:

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

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

Immediate Supervisor: \_\_\_\_\_

4. How is your banking institution legally organized?

a. Nationally chartered bank

b. Federally chartered bank

c. State chartered bank

5. Has your banking institution operated under a different business name at any time during the last five years?

Yes  No If "Yes," please identify the prior name, the year of the name change, and the reason for the name change.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Where is your banking institution headquartered (city and state)?

\_\_\_\_\_

7. Is your banking institution owned by a holding company?

Yes     No

If "Yes," please provide the holding company's name, its net capitalization, and where it is headquartered (city and state).

\_\_\_\_\_

Note: A copy of the holding Company's most recent annual report must be submitted.

8. After review of your application and reports, a determination may be made that a portion of any funds deposited in the banking institution would require collateralization. Would your banking institution still be interested in participating in the program if collateralization were to be required?

Yes     No

Additional comments, if any (collateralization terms are subject to negotiation):

\_\_\_\_\_  
\_\_\_\_\_

9. If collateralization should be required for participation by your banking institution, would you agree to collateralization using U.S. treasuries, agencies, and instrumentalities (FHLB, FNMA, FFCB, FAMC, GNMA, and FHLMC) approved by the Office of the State Treasurer, held with a third-party custodian selected by the Office of the State Treasurer?

Yes     No

Additional comments, if any:

\_\_\_\_\_  
\_\_\_\_\_

Please note that the terms would be subject to negotiation and included in your "pre-qualification agreement."

10. Are you a member of the CDARS network, and if so would you use the CDARS network as an alternative to collateral

Yes     No

Additional comments, if any:

\_\_\_\_\_  
\_\_\_\_\_

11. Please provide four references of comparable public sector entities with which your branch does business. Indicate: (a) name of governmental entity; (b) contact person; (c) address; (d) telephone number; and (e) length of relationship. This information should be attached to the application.

12. Please identify and state related ceiling limits for all depository insurance that would be in force and that would protect State of Vermont deposits, including certificates of deposit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Please provide any additional information you believe relevant to evaluation of your banking institution.

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**SECTION IV: REQUEST FOR BANKING INSTITUTION DISCLOSURE**

1. Have any of your public sector clients claimed, in writing, within the last five years, that your banking institution was responsible for any financial losses?

Yes     No    If “Yes,” attach a brief explanation.

2. Has your banking institution been subject to any litigation, arbitration, or regulatory proceedings, either pending, adjudicated, or settled, within the last five years, that involved allegations of improper, fraudulent, disreputable, or unfair financial activities?

Yes     No    If “Yes,” attach a brief explanation.

3. Has your banking institution been subject to a regulatory, state, or federal agency investigation within the last five years for alleged improper, fraudulent, disreputable, or unfair financial activities?

Yes     No    If “Yes,” attach a brief explanation.

**SECTION V: CERTIFICATION**

I attest to the accuracy of our responses to your RFR, and to the above certifications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title