

\_\_\_\_\_  
(Name – Insurance Company)

## Deposit Request – State Deposit Trust Account

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
City State

INSURANCE COMMISSIONER  
State of Washington  
Olympia, Washington

Dear Sir:

We are today forwarding the below described securities to \_\_\_\_\_ at  
Account Administrator

\_\_\_\_\_ to  
Bank Address  
be credited to our deposit trust account. If these securities meet with your approval, kindly  
authorize the bank to deposit them in trust and forward to us its official receipt.

Par Value	Market Value	Description	Coupons or Interest Rate	Dated	Year Due	Bond No.
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New balance \$ \_\_\_\_\_  
(including above securities)

Company \_\_\_\_\_

By: \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Please insert bank name and address)

Olympia, Washington, \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GENTLEMEN:

I hereby approve the above described securities for deposit in the State Deposit Trust ACCOUNT of the \_\_\_\_\_  
Company  
authorize the \_\_\_\_\_  
Bank to accept said securities in trust and issue receipt therefore.

\_\_\_\_\_  
Insurance Commissioner, State of Washington

By \_\_\_\_\_

We hereby acknowledge receipt of the above-described securities to be added to the State Deposit Trust Account of the above-named company.

Bank

By: \_\_\_\_\_

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