

Instructions for Completing a Pledgee Agreement & Authorization List

Please retain a blank copy of the Pledgee Agreement for future use and a copy of the completed form for your records.

Please **type or print in ink** the following information in the appropriate sections of the form

- **Please list the name of your entity**, as it appears on your statements, on the blank line in the first sentence. (e.g. We, the “Town of Plainville”)
- **Pledgee number** is the four-character identifier that begins with an alpha character, is assigned by the Federal Reserve Bank, and can be found on your statement as the Institution ID. If this is a request to open a new account, please write “NEW”.
- **To allow substitution of collateral**, check the box **YES** to permit financial institutions that pledge collateral to you to replace or substitute collateral at the same or greater current value (par for par) without your having to approve each transaction:
 - Replacement collateral must be deposited the same day that the request to release the collateral is made. At no time are you at risk of being under-collateralized. No collateral will be released without a qualifying substitution or your approval.
 - FRB staff will calculate the current book value of the replacement collateral and ensure that it is of equal or greater value to the collateral it is replacing.
 - A Pledgee Activity statement will be sent to you as notification that a substitution has been completed.
- Select **NO** to approve each and every individual transaction.
- **Call-back procedure** refers to the number of Authorized Individuals who must approve a release of collateral. By checking the box for three-party call-back, you are indicating that one individual from your organization can initiate a collateral transaction and that same person can also verify the transaction. By checking the box for four-party call-back, you are indicating that two individuals from your organization are required for every approval: one individual can initiate the transaction but a second must verify it. (In both cases, the other two parties are Federal Reserve individuals.)
- **Name, title, signature, fax and telephone numbers** of each individual authorized to release securities pledged to this public entity and held in a joint custody account at the Federal Reserve Bank. This list will be used to verify the authenticity of instructions to release pledged securities. Please provide at least three names and as many additional people as you need to accommodate vacations, illness, turnover, etc. Please list them in the order you prefer they be contacted.

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- **Signature, name, and title of the officer who is authorized** to designate the listed individuals. We recommend that the officer not be included on this list as one of the persons authorized to release securities. By signing this form, the officer authorizes the individuals listed to release pledged securities. This signature must be notarized.
- **Notary Information with seal** must be obtained to validate the authenticity of the signature of the approving officer.
- **Please Return the completed Pledgee Agreement to:**

Federal Reserve Bank of Boston
600 Atlantic Avenue
Boston, MA 02210
Attn: Wholesale Operations/Joint Custody

Or fax toll-free to: 866-686-5441

If you have questions or require assistance, please call a customer support representative: 833-377-7827, option 3, then 2.

You can view Operating Circular 7 at the following web address:
www.frbervices.org/OperatingCirculars/pdf/Oc7.pdf

Pledgee Agreement Form

To: **Federal Reserve Bank of Boston**
600 Atlantic Avenue
Boston, MA 02210
Attn: **Wholesale Operations/Joint Custody**

Tel: **833-377-7827 Option #3, then 2**
Fax: 866-686-5441

Date: 2/10/25

We, the City of Grand Rapids agree to the terms of **Appendix C** of your *Operating Circular 7*, dated August 19, 2005, as it may be amended from time to time with respect to the account on your books designated I639. (4 digit alpha-numeric account number)

We further agree that you may accept par for par substitutions: securities from the Pledgor as a replacement of, or in substitution for, those securities presently held (please check one):

NO (Instructions required for each withdrawal)

YES (Standing approval)

Provided that the replacement or substitution does not reduce the aggregate par amount of securities held in custody for us. (See *Operating Circular 7, Appendix C, Section 4.3.*)

We authorize you to use the following call-back procedure for securities transactions pertaining to this account (please check one):

Three-party call-back

Four-party call-back

We certify that the individuals listed below may take authoritative action on our behalf with respect to the account, including a direction to release collateral from the account. You may rely on the authority of these individuals with respect to the account until we otherwise notify you.

Telephone: 218-326-7619

Print Name: Laura Pfeifer Title: Int. Finance Dir.

Fax: 218-326-7608

Signature: _____ Date: _____

Telephone: 218-326-7616

Print Name: Renee Patrow Title: Accountant

Fax: 218-326-7608

Signature: _____ Date: _____

Telephone: _____

Print Name: _____ Title: _____

Fax: _____

Signature: _____ Date: _____

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Telephone: _____

Print Name: _____ Title: _____

Fax: _____

Signature: _____ Date: _____

The Undersigned hereby certifies that he/she is the present lawful incumbent of the designated public office.

Pledgee

City of Grand Rapids

Name of governmental unit

420 N. Pokegama Avenue

Street Address or P.O Box Number

Grand Rapids, MN 55744

City, State, Zip Code

Official Signature/ **Date**

Thomas Pagel, City Administrator

Printed Name and Title

Notary

State of _____

County of _____

On this ____ day of _____, 20_ ""before me personally appeared _____, to me personally known or satisfactorily proven, who by me duly sworn, did depose and say that he/she resides at _____, in the City of _____, in the State of _____, that he/she is the _____ [Title] of _____ and that he/she executed this document on behalf of _____ before me.

(Signature of Notary)

(Print name of Notary)

My commission expires on _____ [Date]

F E D E R A L R E S E R V E  F I N A N C I A L S E R V I C E S

Fedwire[®] Securities Joint Custody Service FedMail[®] Request Form

Required Fields*

Section 1: Service Description and Form Instructions

Joint Custody Service (JCCR) provides pledgees with the ability to receive Detailed Activity Statements and Book-Entry Securities Holdings Statements for their Joint Custody accounts by email. The email is sent in text format; the statements and reports are sent as attachments, which may be viewed with a text editor, spreadsheet, or word processing software. Pledgees will receive Detailed Activity Statements for each business day on which activity occurred in their Joint Custody accounts.

- Use “Section 3: Service Specific Information” to add delivery addresses.
- Shared email addresses are preferred. Please provide more than one email address if using individual email addresses.
- The email addresses in Section 3 will remain in effect until an updated form is received and processed.
- The form must be signed by an authorized individual listed on your current pledgee agreement on file with the Federal Reserve Bank.
- If updates are required to your current Joint Custody pledgee agreement, please call (800) 327-0147.
- Book-Entry Securities Holding Statements are delivered monthly. If you wish to receive daily statements, please submit a request in writing, signed by an authorized individual on the pledgee agreement, to:

Federal Reserve Bank of Boston
600 Atlantic Avenue
Boston, MA 02210
Attn: Wholesale Operations/Joint Custody
Or fax toll-free to: (877) 973-8972

For assistance completing this form, please contact Wholesale Operations Site at 833-377-7827, option, 3 then 2.

Send the completed and signed form to the Customer Contact Center at:

Email: ccc.coordinators@kc.frb.org

or

Fax: (800) 660-7856

Section 2: Customer Information

State or Local Government Institution Name*	City of Grand Rapids
Joint Custody Account Number(s)*	<i>Provide the 4-digit alpha-numeric account number(s) below that are listed as "institution ID" on your statement. This form may be used for multiple account numbers being delivered to the same addresses, with a maximum of four account numbers.</i>
Account #1	I639
Account #2	
Account #3	
Account #4	

Section 3: Service Specific Information

The email address(es) below will remain in effect until an updated Joint Custody Service FedMail® Request Form is submitted. Detailed Activity Statements will be delivered for business days on which activity occurs in your organization’s Joint Custody securities accounts.

Email Address(es) <i>This list replaces the prior email address(es) on file for your organization.</i>
financedepartment@grandrapidsmn.gov

Section 4: Authorized Approval

Use of the FedMail Solution is governed by Federal Reserve Bank Operating Circular 5, Electronic Access (“OC 5”). Depending on the services you choose to access using FedMail, additional [Operating Circulars](#) may govern. Submission of this form constitutes acceptance of the terms and conditions of OC 5 and other applicable Operating Circulars and agreements. The Federal Reserve Banks have no obligation to verify the accuracy of the information you provide in this form and have the right to rely on such information in connection with the provision of FedMail access to the services you are requesting. Except to the extent prohibited by law or regulation, you agree to indemnify, hold harmless and defend the Federal Reserve Banks against any claim, loss, liability, or expense made against or incurred by the Federal Reserve Banks in connection with their reliance on the information provided in this form.

The person signing this form must be listed on your current pledgee agreement on file with the Federal Reserve Bank as authorized to act for your account.

Authorized Signature*			
Authorized Signer Name*	<small>First</small> Thomas	<small>MI</small>	<small>Last</small> Pagel
Authorized Signer Email Address*	tpagel@grandrapidsmn.gov		
Authorized Signer Phone Number*	<small>Country Code</small> 218	<small>Phone</small> 326-7626	<small>Extension</small>
Date*			

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