State of New Mexico
Office of the Treasurer

James B. Lewis
State Treasurer

Mark F. Valdes
Deputy State Treasurer

CD PROGRAM APPLICATION

I. I, _____, as _____ (title) of the _____ Bank/Savings & Loan/Credit Union/Trust Institution, hereby verify that the above financial institution is chartered by either the federal government or the State of New Mexico and is insured by an agency of the United States as per section 6-10-10, NMSA 1978. The State Treasurer may invest excess funds not needed for daily operations of state government in term deposits. The rate of return for term deposits in the CD Program shall be inflation-adjusted and at least the minimum rate established by the State Board of Finance Interest Rate Policy. I acknowledge, by my signature, that the rate and term of certificates of deposit within the State Treasurer's CD Program will be set at the discretion of the Treasurer and subject to the State's liquidity needs.

_____ _____
Banking Official Signature Banking Official Name

Amount of request: **$_____**

Rate: _____ **Term: _____**

II. I hereby designate certificate of deposit transaction authority for this financial institution to:

_____ _____
Authorized Designee Signature Authorized Designee Name

_____ _____
Banking Official Signature Banking Official Name & Title

_____ _____
Contact Email Address Contact Telephone Number(s)

_____ _____
Mailing Address Fax Number

_____ _____
City State Zip Date

2019 Gallisteo St. Building K
Santa Fe, New Mexico 87501
www.stonm.org

FAX (505)955-1181