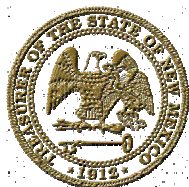


# State of New Mexico Office of the Treasurer

James B. Lewis  
State Treasurer



Mark F. Valdes  
Deputy Treasurer

## LINKED DEPOSIT PROGRAM APPLICATION

**I.** I, \_\_\_\_\_, as \_\_\_\_\_ (title) of the \_\_\_\_\_ Bank/Savings & Loan/Credit Union/Trust Institution, hereby verify that the above financial institution has met the qualifications set forth by New Mexico State Regulation & Licensing Department, Financial Institutions Division, and has been certified to participate in the Linked Deposit Program established under NMSA 1978, section 6-10-24.2 and defined in NMAC 12.15.15.1 through 12.15.15.13. I also acknowledge, by my signature, that the rate and term of certificates of deposit within the Linked Deposit Program will be set at the discretion of the Treasurer.

\_\_\_\_\_  
Banking Officer Signature

\_\_\_\_\_  
Banking Officer 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 Officer Signature

\_\_\_\_\_  
Banking Officer Name & Title

\_\_\_\_\_  
Contact Email Address

\_\_\_\_\_  
Contact Telephone Number(s)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date