MISSOURI
LINKED DEPOSIT
Loans to Develop Our Future

GOVERNMENTAL ENTITY DEPOSIT APPLICATION

Indicate TYPE of Deposit: ☐ **Renewal Deposit** **Date of Rollover:** _____
☐ **New Deposit** **Desired Funding Date** _____

Lending institution: _____

Contact name: _____ County: _____

Email Address: _____

Address: _____
(Street) (City) (State) (Zip)

Phone #: _____Fax #: _____

No. of Loans: _____ Amount requested for this deposit: $ _____

Length of Bank Note(s): _____

CERTIFICATION:

After undertaking appropriate review of the loan applications, on behalf of the lending institution, I find and certify that all approved applicants are eligible to participate in the Missouri Linked Deposit Program. If the lending institution receives information during the deposit period which reasonably causes it to question the continued eligibility of any approved applicant, the institution will immediately notify the State Treasurer and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to the State Treasurer in determining whether any applicant is an appropriate participant in the Linked Deposit Program and agrees to immediately notify the State Treasurer if it becomes aware of any such information during the deposit period or for a reasonable time thereafter.

The lending institution attests that the loan agreement for this linked deposit will specify that the borrower must use the loan proceeds in the manner prescribed by sections 30.750 through 30.850 of the Revised Statutes of Missouri, and should the borrower fail to do so, the loan agreement will state, and the lending institution will require, that the remaining proceeds be immediately returned to the lending institution and any proceeds used be repaid to the lending institution as soon as practicable.

(Continued on other side)

For Treasurer's Use Only		
Bank Code # _____	Issue Date _____	Maturity Date _____
Region _____	Bank Loan Rate _____	Deposit Rate _____
Date _____	STO Loan Rate _____	Market Rate _____
Approved by: _____	Reduction _____	Reduction _____

CLINT ZWEIFEL
MISSOURI STATE TREASURER

Missouri State Treasurer Clint Zweifel o P.O. Box 210 o Jefferson City, MO 65102
(573) 751-2372 o LinkedDeposit@treasurer.mo.gov o www.treasurer.mo.gov/LinkedDeposit

Revised 2/10/10

The lending institution acknowledges and agrees that, if at any time during the deposit period, a borrower fails to maintain full eligibility for the Linked Deposit Program consistent with their application, as determined by the State Treasurer, the state will receive market interest rates on the deposit portion of the linked deposit loan, or any applicable portion thereof, for any period of time during which the borrower failed to maintain such eligibility. The lending institution further acknowledges and agrees that, in such cases, and when deemed appropriate by the State Treasurer, the lending institution will be required to remit additional interest (up to market interest rates) to the State Treasurer at expiration of the deposit period. As consideration for a reduced rate deposit of state funds, the lending institution agrees to make corresponding loans at interest rates less than or equal to the reduced loan rate specified by the State Treasurer for the Missouri Linked Deposit Program at the time of the deposit. The lending institution further agrees to notify the State Treasurer if the loan is paid off or significantly reduced (by 25% or greater), prior to the maturity date of the deposit. The lending institution further agrees to pay the usual market rate on any portion of a deposit held for any period when there is no corresponding linked deposit loan outstanding. The lending institution acknowledges that it is bound by the provisions of sections 30.750 through 30.850, Revised Statutes of Missouri, and specifically agrees to provide or allow the State Treasurer access to any documentation related to this deposit and the corresponding loan(s) necessary for compliance auditing purposes. I certify that I have read and understand all policies relating to the Missouri Linked Deposit Program.

Required Signatures:

For Lending Institution:

_____
(Type or Print Name)

_____
(Signature)

Attest:

_____
(Title)

_____ _____
(Cashier or Secretary) (Date)

Program Use – to be completed by lender:

Check the one statement that most adequately describes the effect that the linked deposit approval will have on the small business:

- ❑ This loan will not be made without a linked deposit approval.
- ❑ This operation will have a negative cash flow without the interest rate benefit that a linked deposit approval will provide.
- ❑ Application for a linked deposit approval is being made as a result of the financial need of the borrower. The program benefits will materially contribute to the viability of the operations.
- ❑ A linked deposit approval will improve cash flow for this operation and reduce operating expenses for this operation.
- ❑ This business is applying for participation in the program because it meets the legal description of an eligible business.

(Both sides of this application must be completed before submitting to the Missouri State Treasurer's Office.)

To be completed by the Treasurer's Office

Approved:

_____
Missouri State Treasurer Date