

DEPOSIT REQUEST — STATE DEPOSIT ACCOUNT

(Name — Depositor)
(City) (State) day of

Department of Commerce, Community, and Economic Development
Division of Insurance
State of Alaska
P.O. Box 110805
Juneau, Alaska 99811-0805

We are today forwarding the below-described securities to the

(Custodian — Name and Address)

to be credited to our deposit account. If these securities meet your approval, kindly authorize the custodian to deposit them and forward to us its official receipt.

Table with columns: Par Value, Market Value As of (Date), Description, Coupons or Interest Rate, Dated, Year Due, CUSIP or Bond No. Includes a row for Balance \$ and (Next Coupon Dated).

DEPOSITOR
By (Signature)
(Print name)
(Title)

Depositor — Complete to this line.

Juneau, Alaska, day of

Trust Officer: Depository Account No.

I hereby approve the above-described securities from the State Deposit Account of the

(Name of Depositor)

This will authorize the (Name — Custodian)

These securities will be carried under file number

DIRECTOR OF INSURANCE
STATE OF ALASKA

By: (Signature) (Print Name)
(Title)

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

File No. (Custodian)
(Print Name) (Signature)
(Title) Date: