



Financial Institution: _____

Deposit Account Number: _____

DEPOSIT BROKER SUBMISSION CHECKLIST

BROKER NAME: _____ **DTC BROKER NUMBER:** _____
MAILING ADDRESS: _____

CONTACT PERSON: _____
Telephone Number: _____ Fax Number: _____
Email address: _____

SECONDARY PERSON: _____
Telephone Number: _____ Fax Number: _____
Email address: _____

DATA PROCESSING CONTACT: _____
Telephone Number: _____ Fax Number: _____
Email address: _____

SECONDARY PERSON: _____
Telephone Number: _____ Fax Number: _____
Email address: _____

DATA SUBMISSION:

We are submitting a file in the required format: _____ Yes _____ No

Please note that only data submitted in the prescribed format will be processed. Manual listings will **not** be accepted. Please label your diskette(s) or compact disc(s) with your firm's name and DTC broker number, if applicable.

Number of Records on the file: _____
Principal Value: _____

NOTE: The principal value listed above should be the same as the data on the file. If the above stated data does not balance, the file will **not** be processed and your firm will lose its position in the processing sequence.

The undersigned affirms that all of the information submitted is correct and contains no material omissions and that to the best of his/her knowledge, the data submitted is a final, complete and accurate submission **including information from ALL sub-brokers/agents, if any**, with the exception of _____ brokers (indicate number) in the amount of \$ _____ (total) which are included in the aggregate on the file. I understand that my firm will not be paid these sums until the sub-tier broker submits complete investor information and required documentation to the FDIC.

Prepared by: _____ Date: _____

FOR FDIC USE ONLY

BALANCE VERIFIED _____ DATA LOADED _____ DATA UNLOADED _____ DATA LOADED _____
LOAD CERTIFIED _____ DATA GROUPED _____ INFORMATION FAXED _____