

Date \_\_\_\_\_

**DEPOSIT/SUBSTITUTION REQUEST FORM**

To: State of New Jersey - Department of Banking and Insurance (NJDOBI)  
Office of Solvency Regulation  
Attn: **Robert L. Edge**  
[robert.edge@dobi.nj.gov](mailto:robert.edge@dobi.nj.gov)  
P.O. Box 325  
Trenton, NJ 08625-0325

To: **TD Wealth®**  
Attn: **Betsy Smith**  
[betsy.smith@td.com](mailto:betsy.smith@td.com)  
9000 Atrium Way  
Mount Laurel, NJ 08054

**Re: Commissioner of Banking and Insurance of the State of New Jersey as Trustee**

Account Number: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**In accordance with the administration of the Custodian Deposits held by you as Custodian for the New Jersey Department of Banking and Insurance, we request the following transaction(s):**

\_\_\_\_\_ Free Receive Securities      \_\_\_\_\_ Free Deliver Securities      \_\_\_\_\_ DVP (Delivery vs. Payment)  
\_\_\_\_\_ TD Bank to buy Securities      \_\_\_\_\_ Substitution of Securities

**Securities to be deposited:**

Cusip: \_\_\_\_\_ Description: \_\_\_\_\_  
Par/Current Face: \_\_\_\_\_ Original Face: \_\_\_\_\_ Price: \_\_\_\_\_  
Principal: \_\_\_\_\_ Interest: \_\_\_\_\_ Net \$: \_\_\_\_\_  
Trade Date: \_\_\_\_\_ Settlement Date: \_\_\_\_\_ Broker: \_\_\_\_\_  
Fed Wire Instructions: \_\_\_\_\_

**Securities to be released:**

Cusip: \_\_\_\_\_ Description: \_\_\_\_\_  
Par/Current Face: \_\_\_\_\_ Original Face: \_\_\_\_\_ Price: \_\_\_\_\_  
Principal: \_\_\_\_\_ Interest: \_\_\_\_\_ Net \$: \_\_\_\_\_  
Trade Date: \_\_\_\_\_ Settlement Date: \_\_\_\_\_ Broker: \_\_\_\_\_  
Fed Wire Instructions: \_\_\_\_\_

\_\_\_\_\_  
**Name and Telephone Number of Company Representative      Signature of Company Representative - Date**

**Company faxes/e-mails form(s) to NJDOBI for approval of transaction**

**Required consent by the Commissioner of Banking and Insurance, State of New Jersey:**

\_\_\_\_\_  
**Signature of DOBI Representative - Date**

**NJDOBI faxes/e-mails form(s) to TD Wealth® approving the processing of transaction**

**TD Bank Representative acknowledges receipt of form:**

\_\_\_\_\_  
**Signature of TD Bank Representative - Date**

**TD Wealth® faxes/e-mails signed form(s) to both company and NJDOBI for completion of transaction**

Comments: