

DEPOSIT/SUBSTITUTION REQUEST FORM**(NUMBERS CORRELATE WITH STEP BY STEP INSTRUCTIONAL)**

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

To: TD Wealth®
Attn: Betsy Smith
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: 1 Company Name: 2
Phone Number: 3 Fax Number: 4

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):

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

Securities to be deposited:

Cusip: 6 Description: 7
Par/Current Face: 8 Original Face: 9 Price: 10
Principal: 11 Interest: 12 Net \$: 13
Trade Date: 14 Settlement Date: 15 Broker: 16
Fed Wire Instructions: 17

Securities to be released:

Cusip: 18 Description: 19
Par/Current Face: 20 Original Face: 21 Price: 22
Principal: 23 Interest: 24 Net \$: 25
Trade Date: 26 Settlement Date: 27 Broker: 28
Fed Wire Instructions: 29

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Name and Telephone Number of Company Representative

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Signature of Company Representative - Date

Company faxes/e-mails form to NJDOBI for approval of transaction

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

Signature of DOBI Representative - Date**NJ DOBI faxes/e-mails form to TD Wealth® approving the processing of transaction**

Commerce 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:

STEP BY STEP INSTRUCTIONAL ON HOW TO FILL IN THE DEPOSIT/SUBSTITUTION REQUEST FORM

USING THE ATTACHED **DEPOSIT/SUBSTITUTION REQUEST FORM**, PLEASE FILL OUT ACCORDINGLY. THE FORM CAN ALSO BE RETRIEVED FROM (URL. http://www.state.nj.us/dobi/division_insurance/pdfs/fedepfrm.pdf)

1. Assigned account number provided to you by TD Wealth®. If your account is new, call the Custodian (856) 685-5141 to obtain.
2. Your Company's Name.
3. Your Company's Telephone #.
4. Your Company's Fax #.
5. You will need to check off one or two items listed. Definitions are as follows:

FREE RECEIVE SECURITIES- Securities delivered to Custodian with no cash.

FREE DELIVER SECURITIES-Securities to be delivered out of TD Bank. Company must supply complete delivery instructions to the Custodian.

DVP (DELIVERY VS. PAYMENT)- Using the attached Delivery Instructions, deliver in the securities that are to be Deposited. Once received the Custodian will pay for the security. This includes cash being wired to the Custodian for purchases.

TD BANK TO BUY SECURITY- This field is used if you want the Custodian to affect a purchase.

SUBSTITUTION OF SECURITIES- This field is check if you currently hold a Security with the Custodian that you want to substitute.

6. **CUSIP**: The nine-digit number assigned to the Security to be deposited.
7. **DESCRIPTION**: Full description of the security including the rate and maturity date.
8. **PAR/CURRENT FACE**: The number of shares.
9. **ORIGINAL FACE**: This need to be filled in when referring to asset backed securities.
10. **PRICE**: This is the price paid for the security.
11. **PRINCIPAL**: This is the cost of the security not including the accrued interest.
12. **INTEREST**: This is the accrued interest paid for the security.
13. **NET**: The Principal and Accrued Interest combined.

14. **TRADE DATE:** Date the Security was purchased.
15. **SETTLEMENT DATE:** Date of Settlement.
16. **BROKER:** Name of Broker or Bank in which the Security is being delivered in from.
17. **FED WIRE INSTRUCTIONS:** Delivery instructions of the Broker making the delivery. (See attached delivering instruction sheet)
18. **CUSIP:** The nine-digit number assigned to the Security being delivered out by the Custodian.
19. **DESCRIPTION:** Full description of the security including the rate and maturity date to be delivered out by the Custodian.
20. **PAR/CURRENT FACE:** The number of shares to be delivered.
21. **ORIGINAL FACE:** These needs be filled in when referring to asset backed securities being delivered.
22. **PRICE:** Original price of the security being released.
23. **PRINCIPAL:** Original principal of the security being released.
24. **INTEREST:** Any interest that is to be delivered in conjunction with the release.
25. **NET:** Principal and Interest total to be released.
26. **TRADE DATE:** Date delivery should occur.
27. **SETTLEMENT DATE:** Should be the same as the Trade Date
28. **BROKER:** Name of Broker the Custodian should make delivery to.
29. **FED WIRE INSTRUCTIONS:** DTC#, ABA#, Routing # of Broker receiving delivery. (See attached delivering instruction sheet)
30. **Print Name and Telephone #** of the Insurance Company Representative.
31. **Representatives Signature.**

ONCE THE FORM IS CORRECTLY FILLED OUT PLEASE E-MAIL OR FAX TO ROBERT L. EDGE OF THE NJ DEPARTMENT OF BANKING AND INSURANCE FOR APPROVAL, robert.edge@dobi.nj.gov OR (609) 292-6765. ONCE THE FORM IS APPROVED BY SIGNATURE THE DEPARTMENT WILL FORWARD TO TD BANK.

TD Wealth Delivery Instruction Sheet

****ALL DELIVERY SHOULD INCLUDE THE CLIENT'S NAME AND ACCOUNT NUMBER****

TD Account reference information:

TD Clients name : A/C:#

Transfer all DTC eligible assets only

BANK OF NEW YORK
DTC #0901
FOR: TD WEALTH ACCT # 806100
FOR FURTHER CREDIT TO:

(Client Account name and TD account number)

Transfer all FEDERAL RESERVE assets

TELEGRAPHIC ABBREVIATION:
BK OF NY/CUST
ABA#: **021000018**
RECEIVING ACCT. CODE: **806100**
FOR FURTHER CREDIT TO:

(Client Account name and TD account number)

MUTUAL FUND TRANSFERS

DO NOT DE-NETWORK
See the attached mutual fund delivery instructions or
Contact (856) 685-5292 or (856)-685-5155

PHYSICAL SECURITIES NOT DTC ELIGIBLE

REGISTER CERTIFICATES AS FOLLOWS:
STRATEVEST & CO. TAX ID# 03-0349870
c/o TD WEALTH
PO BOX 0134
CHERRY HILL, NJ 08034
FORTHEACCOUNTOF: _____
(Client Account name and TD account number)

EUROCLEAR

EUROCLEAR
BANK OF NEW YORK
ACCT. NO 97816
FOR: TD WEALTH ACCT# 806100
FOR FURTHER CREDIT TO THE ACCOUNT OF:

(Client Account name and TD account number)

CASH WIRES: SEND VIA FED WIRE

TELEGRAPHIC ABBREVIATION: TD BANK
BURLINGTON, VT
ABA#011600033
BNF: TD WEALTH
DDA#:0060157930
FORTHEACCOUNTOF
(Client Account name and TD account number)

Checks: ALL CHECKS SHOULD BE FORWARDED TO:

PAYABLE TO: TD WEALTH
F/B/O _____
ATTN: Client service – MO
CHERRY HILL, NJ 08034
(Client Account name and TD account number)

CERTIFICATES OF DEPOSIT

TD BANK, N.A. TAX I.D. 01-0137770
RELATIONSHIP & NAME OF TRUST
(i.e. **Trustee for Mary Stewart Little IRA**)
1006 ASTORIA BLVD
CHERRY HILL, NJ 08034
ACCOUNT TAX I.D NO. _____

****TO AVOID DELAYS PLEASE REFERENCE TD'S CLIENT NAME AND ACCOUNT NUMBER PROVIDED ABOVE****