



# Office of the State Treasurer

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## EXHIBIT A – SERVICE PROVIDER INITIAL AND RENEWAL APPLICATION AND CERTIFICATION

State Depository Board Deposit Placement Program Policy

**Applicant Service Provider** \_\_\_\_\_

**FEIN** \_\_\_\_\_

**Representative** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Date** \_\_\_\_\_

### Documentation

Please identify information the applicant service provider is providing by checking the applicable box:

- Most recent independent rating agency report of the applicant service provider;
- Most recent comprehensive opinion audit report and accompanying financial statements by a licensed, independent certified public accountant or firm of such accountants;
- Detail of all deposit placement services currently provided by the applicant service provider in Georgia and all other states, including a state-by-state breakdown of the number of public depositors, the total public funds deposited, and the different deposit placement services utilized for public depositors.

Please attach all documents related to the information being provided as indicated above to this application. For any information not being provided please attach an explanation regarding the reason such information is not being provided. Further, in the event additional documentation is requested by the Office of State Treasurer in order to fully evaluate the application, such information shall be submitted as an addendum to this application.

### Certification

On behalf of the applicant service provider, I hereby swear and affirm that all information provided related to this application, including all supporting documentation, is true and correct to the best of my knowledge and belief. I further swear and affirm (please initial next to each):

1. I am the duly authorized representative of the applicant service provider and I possess the legal authority to make this and the following certifications on behalf \_\_\_\_\_ of myself and the applicant service provider;

2. I have read and understand the current state laws related to the deposit of funds by public depositors and the State Depository Board Deposit Placement Program Policy, and the applicant service provider will abide by these laws and policy, as amended from time to time; \_\_\_\_\_
3. The applicant service provider will monitor public depositor accounts placed in the applicant service provider's deposit placement program to ensure full Federal Deposit Insurance Corporation coverage; \_\_\_\_\_
4. The applicant service provider has and will maintain insurance that meets or exceeds industry standards continuously while the applicant service provider is in approved status. The required insurance shall include, but not be limited to, fidelity insurance, errors and omissions insurance, and cyber/privacy insurance; \_\_\_\_\_
5. The applicant service provider is not subject to pending litigation, bankruptcy, or regulatory investigation, or detail of such circumstance(s) is attached hereto; and \_\_\_\_\_
6. The applicant service provider has adopted and will apply policies and procedures to: \_\_\_\_\_
  - a. Safeguard public depositor funds placed in the applicant service provider's deposit placement program;
  - b. Implement SOC1 and SOC2 reports;
  - c. Implement industry standard disaster recovery practices; and
  - d. Implement industry standard business ethics and codes of conduct.

In making the above certifications, I understand that any failure to make full and accurate disclosures may result in the denial of the application or revocation of the applicant service provider's approval status if such deficiency is discovered by the State Depository Board or State Treasurer after the application is approved.

**Applicant Service Provider:** \_\_\_\_\_

**By:** \_\_\_\_\_  
Signature of Representative

**Title:** \_\_\_\_\_

I certify that the above representative this day produced the foregoing application and certification to me.

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

My Commission Expires \_\_\_\_\_