



**Tennessee State Treasury Department
Collateral Pool
Notice of Change**



Pursuant to Tennessee Code Annotated, Title 9, Chapter 4, Part 5, every participant of the state Collateral Pool will file a notice of change form within three (3) business days of any change of name, address, charter or ownership of the institution.

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|-------------------------------|------------------------------|
| (1) Date: _____ | (2) State Bank Number: _____ |
| (3) FDIC Certificate #: _____ | (4) Effective Date: _____ |
| (5) Name: _____ | (6) Phone #: _____ |
| (7) Address: _____
_____ | (8) Fax #: _____
_____ |

The following changes will take place:

- (9) Change of name to: _____
- (10) Change of address to: _____

- (11) Change of ownership (please describe): _____

- (12) Change of charter (please describe): _____

Certification: "I hereby certify that the information contained in this notice of change form, including all attached reports, are true and correct to the best of my knowledge."

<p><i>Senior Bank Officer</i></p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>	<p><i>Preparer</i></p> <p>Signature _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone #: _____</p>
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Sworn to and subscribed before me:

Notary Seal

Notary Public

My Commission Expires

INSTRUCTION SHEET FOR COMPLETING THE NOTICE OF CHANGE FORM

Please use the following instructions when completing the Notice of Change form to ensure that the correct information is being supplied. Please direct any questions or comments to the Collateral Pool staff at (615) 532-1168. **This Notice of Change form must be sent within three business days of any change of name, address, charter or ownership of your institution.**

GENERAL INFORMATION

1. **Date** is the date you submit this form.
2. **State Bank #** is your three digit State Depository Number. If you are not an authorized state depository, signify with an N/A in this space.
3. **FDIC Certificate #** is the Federal Deposit Insurance Corporation's certificate number assigned to your institution.
4. **Effective Date** is the date that the changes described on this form take effect.
5. **Name** is the full legal name which your institution is chartered under.
6. **Phone #** is the telephone number of your institution's main office.
7. **Address** is the primary business address for your institution.
8. **Fax #** is the electronic facsimile number where you would receive collateral pool information.
9. **Change of Name** is the new full legal name under which your institution will operate.
10. **Change of Address** is the new primary business address for your institution.
11. **Change of Ownership** is any change in the primary ownership of your institution. Describe the changes that will occur and any impact these changes might have on ownership structure.
12. **Change of Charter** is any change of charter that may occur. Please describe what change took place and the reason for this change.

The Certificate Section **MUST** be completed by a senior officer and by the person preparing the form. The signature, a printed or typed name, official title, the date executed, and the phone number of the preparer should be completed as required. The executed document should then be notarized, with the notary seal affixed.

The completed form and any related documents should then be mailed to:

State of Tennessee
Treasury Department
Collateral Pool Board
P.O. Box 198785
Nashville, TN 37219-8785