

STATE OF ALABAMA
OFFICE OF STATE TREASURER
SAFE Division

AUTHORIZED REPRESENTATIVE(S) AND SIGNATURE CERTIFICATION

The undersigned officer/official of _____
(Name of Depository)

hereby certifies that the person(s) named below are duly empowered and authorized by the Board of Directors to represent and act on behalf of this Depository in any and all matters in the SAFE Program, including the completion of required SAFE reports, the issuance of instructions, and the authority to enter into agreements/contracts with the State Treasurer concerning all security transactions on behalf of this Depository. Once filed, the Treasurer shall accept **any one** of the following signatures for these purposes until countermanded in writing or superseded by a new certification.

Please check one that applies to this form:

- New certification form that supersedes prior certification in full.
 Additional signers, noted below, added to the current certification form.
 Delete the following signers, and add additional signers as noted below:
Name _____ Name _____

Authorized Signers:

_____ Signature	_____ Signature
_____ Name and Title	_____ Name and Title
_____ Phone and e-mail	_____ Phone and e-mail
_____ Signature	_____ Signature
_____ Name and Title	_____ Name and Title
_____ Phone and e-mail	_____ Phone and e-mail

I, _____, Secretary to the Board of Directors of _____ do hereby affirm that this Certification has been formally approved by the Board of Directors at a meeting held on _____ day of _____, 20____.

(Seal)

Secretary to the Board of Directors