

STATE OF ALABAMA  
OFFICE OF STATE TREASURER  
SAFE Division

**AUTHORIZED REPRESENTATIVE(S) AND SIGNATURE CERTIFICATION**

The undersigned senior officer of \_\_\_\_\_  
(Name of Depository)

hereby certifies that the person(s) named below are duly empowered and authorized 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 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the Treasurer shall accept **any one** of the following signatures for these purposes until countermanded in writing or superseded by a new certification.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 each of the following 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

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
E-mail

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Phone

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Signature

\_\_\_\_\_  
Name and Title

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E-mail

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Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

Authorized by:

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_