

(DEPOSITORY LETTERHEAD)

TO: _____ (Escrow agent name and address)

RE: COLLATERAL CHANGE REQUEST

In accordance with the Virginia Public Deposit Security Agreement between _____
(*Depository name*) and the Treasury Board of the Commonwealth of Virginia, please:

Deposit into the collateral account established under this Agreement the following securities:

Original Par or Current Book Value	CUSIP # and Description	Coupon	Maturity Date	Current Market Value (net of appropriate "haircut")	Debt Rating (if applicable)

Release from the collateral account established under this Agreement the following securities/cash and deliver to _____:

Original Par or Current Book Value	CUSIP # and Description	Coupon	Maturity Date	Current Market Value (net of appropriate "haircut")	Debt Rating (if applicable)

When this transaction has been completed, confirmation of this transaction must be sent to the Virginia Treasury Board, Attention: SPDA, P. O. Box 1879, Richmond, VA 23218-1879.

Signatures:

Depository

Virginia Treasury Board

BY: _____

BY: _____

DATE: _____

DATE: _____

Pooled bank "haircut": 20% on all pass-through securities (such as pools, REMICS and CMOs)

Opt-out bank "haircut": 20% on all pass-through securities (such as pools, REMICS and CMOs); 10% on Virginia municipals; 20% on non-Virginia municipals