



**SCHEDULE C – VERIFICATION**

**WE VERIFY** that we have:

1. Provided annual confirmation to Public Depositors of all the open Mississippi Public Deposit accounts as of their fiscal year end. All discrepancies found in the confirmation process were reconciled within 60 days after their fiscal year end. Information supplied to public depositors included the following:
  - a.) **Á** **Ⓢ** of the QPFD
  - b.) Name on the deposit account record
  - c.) **Á** **Ⓢ** on the deposit account record
  - d.) Account number
  - e.) Account type
  - f.) Actual balance on deposit
2. Executed the Collateral Security Agreement, as needed, for each public depositor
3. Properly identified and uniquely coded on our deposit account records all open Mississippi Public Deposit accounts and have reported and collateralized these accounts as required by Mississippi Code Section 27-105-5.
4. Provided, as part of this report, a listing of all Mississippi Public Depositors that have accounts held by this financial institution. This filing has been completed in the report format prescribed by the State of Mississippi, Office of the State Treasurer for this year.

**Under penalties of perjury**, I attest that I am authorized to sign on behalf of the QPFD identified above, and also declare that I have read the information provided on this Qualified Public Funds Depository Annual Report and that the facts stated in it are true to the best of my knowledge and belief.

Authorized Signature for QPFD: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_