



SIGNATURE GUARANTEE BOND QUESTIONNAIRE

NEW RENEWAL Bond No. _____

Name of Institution _____

Address _____ Date Established _____

*Bond amounts desired:

Single \$ _____ Aggregate (twice single amount) \$ _____ Eff. Date _____

Name of Signature Guarantee Program: Securities Transfer Agent Medallion Program (STAMP)
 Stock Exchanges Medallion Program (SEMP)
 New York Stock Exchange, Inc. Medallion Signature Program (MSP)

Date of your initial membership in program _____

Estimated number of annual signature guarantees _____
Median value of security instruments guaranteed \$ _____ Highest Value \$ _____

Name of your current Signature Guarantee Bond Surety Company _____
Bond Amounts: Single \$ _____ Aggregate \$ _____
Eff. Date _____ Exp. Date _____

Name of your current primary Financial Institution Blanket Bond carrier _____
Bond Limit \$ _____ Securities per Occurrence Limit \$ _____ OR, Single/Aggregate Limits \$ _____
Eff. Date _____ Exp. Date _____ Deductible \$ _____

Please provide a copy of the Declarations Sheet

Name and address of accountant who prepares your fiscal financial statement

Fiscal year end _____ Type Statement: Audit-Unqualified Audit-Qualified (Explain)

Review Compilation Other (Explain) _____

Financial Highlights (millions)
Total Assets \$ _____ Total Liabilities \$ _____ Net Worth \$ _____

Has your Institution, Signature Guarantee Bond Surety company, or Financial Institution Blanket Bond carrier, within the past four (4) years, ever paid a loss to a transfer agent on security instruments you guaranteed? If yes, explain:

*Minimum bond amount is \$100,000. Minimum bond amount based upon gross assets, if gross assets is appropriate, is as follows:

<u>Gross Assets (millions)</u>	<u>Minimum Bond Amount</u>
Up to \$500	\$100,000
\$500 to \$2000	\$250,000
\$2000 to \$3000	\$500,000
\$3000 to \$4000	\$750,000
Over \$4000	\$1,000,000
Each additional \$1000	Optional

If gross asset size is not appropriate, calculate bond amount using your Financial Institution Blanket Bond limit. Transfer Agents will only accept items that fall within the bond amount indicated in your medallion imprint.

Producer's Name _____			
Address _____			
		Street	
City	—	State	Zip
Producer's Code _____			

Name and title of institution member or officer completing this form

Date _____