

Protecting Public Deposits – Single Bank Collateral Pool

# **Pledging Requirements**

### GENERAL

- Financial institutions (banks and savings and loans) holding public deposits must pledge collateral for deposits in excess of FDIC insured amounts (\$250,000)
- CURRENT PLEDGING OPTIONS (LB 622-Effective July 1, 2020)
  - Dedicated method
    - Collateral pledged by financial institution directly to each public depositor
  - Single bank collateral pool method
    - Individual financial institutions pledge collateral to Administrator of the Single Bank Collateral Pool. (Nebraska Bankers Insurance and Services Company / NBISCO)

## Amount of Collateral

### Dedicated method

- 102 percent of amount of public deposits less FDIC insurance for each public depositor
- Single bank collateral pool method
  - 102 percent of aggregate public deposits less FDIC insurance

# Acceptable Collateral §77-2387(14)

- (a) Bonds or obligations fully and unconditionally guaranteed both as to principal and interest by the United States Government;
- (b) United States Government notes, certificates of indebtedness, or treasury bills of any issue;
- (c) United States Government bonds;
- (d) United States Government guaranteed bonds or notes;
- (e) Bonds or notes of United States Government agencies;
- (f) Bonds of any state or political subdivision which are fully defeased as to principal and interest by any combination of bonds or notes authorized in subdivision (c), (d), or (e) of this subdivision;
- (g) Bonds or obligations, including mortgage-backed securities and collateralized mortgage obligations, issued by or backed by collateral one hundred percent guaranteed by the Federal Home Loan Mortgage Corporation, the Federal Farm Credit System, a Federal Home Loan Bank, or the Federal National Mortgage Association;
- (h) Repurchase agreements the subject securities of which are any of the securities described in subdivisions (a) through (g) of this subdivision;

# Acceptable Collateral §77-2387(14)(pg. 2)

- (i) Securities issued under the authority of the Federal Farm Loan Act;
- (j) Loan participations which carry the guarantee of the Commodity Credit Corporation, an instrumentality of the United States Department of Agriculture;
- (k) Guaranty agreements of the Small Business Administration of the United States Government;
- (I) Bonds or obligations of any county, city, village, metropolitan utilities district, public power and irrigation district, sewer district, fire protection district, rural water district, or school district in this state which have been issued as required by law;
- (m) Bonds of the State of Nebraska or of any other state which are purchased by the Board of Educational Lands and Funds of this state for investment in the permanent school fund or which are purchased by the state investment officer of this state for investment in the permanent school fund;
- (n) Bonds or obligations of another state, or a political subdivision of another state, which are rated within the two highest classifications by at least one of the standard rating services;
- (o) Warrants of the State of Nebraska;
- (p) Warrants of any county, city, village, local hospital district, or school district in this state;
- (q) Irrevocable, nontransferable, unconditional standby letters of credit issued by a Federal Home Loan Bank; and
- (r) Certificates of deposit fully insured or guaranteed by the Federal Deposit Insurance Corporation that are
  issued to a bank, capital stock financial institution, or qualifying mutual financial institution furnishing securities
  pursuant to the Public Funds Deposit Security Act.

# Single Bank Collateral Pool

- Individual financial institutions pledge collateral to NBISCO to secure public deposits.
  - 102 percent of aggregate public deposits less FDIC insurance
- Monthly reporting by financial institutions to NBISCO

### Nebraska Single Bank Pooled Collateral Program (SBPC)

Nebraska State statute requires Nebraska banks to pledge approved collateral for public entity deposits in excess of FDIC insured limits. The Nebraska Department of Banking and Finance has appointed the Nebraska Bankers Insurance and Services Company (NBISCO), the for-profit subsidiary of the Nebraska Bankers Association, to administer the Nebraska Single-Bank Collateral Pool Program pursuant to Neb.Rev.Stat. Section 77-2398(2) (b) (ii).

This program allows participating banks to aggregate their total public deposits and to pledge collateral against its entire portfolio of public deposits rather than pledging per entity. As the program administrator, NBISCO collects, confirms and reports bank compliance with mandated pledging requirement on a monthly basis. Collateral is pledged to NBISCO. In the event of a bank closure, the pledged collateral would be assigned to NDBF for liquidation and payment to impacted political subdivisions.

#### Enroll

Instructions and Information Frequently Asked Questions (FAQ) Step One: Enrollment form and program fees Step Two: Security Agreement Step Three: Custodial Agreement Step Four: Bank Collateral Report

#### Submit Monthly Reporting

Financial Institution: <u>Submit your monthly collateral reporting form</u> Qualified Trustees: <u>Submit your monthly collateral reporting form</u>

#### Related links

- <u>Nebraska Bankers Insurance Services Company (NBISCO)</u>
- <u>Nebraska Department of Banking and Finance</u>
- Public Funds Deposit Security Act

#### Reports

Current Month Collateral Report Historical Collateral Reports Public Entities with Covered Deposits Participating NE Financial Institutions

#### Documents

- <u>Securities Deposit and Release Collateral Form</u>
- <u>Educational Program Handout</u>

#### Governmental Units

- <u>Disclosure Circular</u>
- Governmental Units consent to access reports on administrator website
- Informative PowerPoint
- Informative handout

# **INSTRUCTIONS AND INFORMATION**

#### ENROLLMENT STEPS

Go to www.nebankers.org/nepooledcollateral.html

Step 1: Complete the *Enrollment Form*, <u>submit</u> by clicking the "Click Here to Submit" button located on the last page of the document. A subsequent email will be sent via Adobe Sign to obtain a digital signature. Remit the Enrollment Fee of \$500/\$1,000 (checks made payable to: NBISCO) or via credit card on the website (www.nebankers.org/nepooledcollateral.html) or complete ACH information on the Enrollment form.

Step 2: The Security Agreement, will be sent via Adobe Sign to along with Enrollment form to complete.

Step 3: The Custodial Agreement, will be sent via Adobe Sign to complete for each Qualified Trustee.

Step 4: Complete the *Bank Deposit/Collateral Report*, <u>submit</u> by clicking the "Click Here to Submit" button located on the last page of the document. **NOTE: This document should contain the prior month-end totals.** 

**Step 5**: <u>Ensure</u> all forms have been signed electronically by the appropriate officials and have been submitted to NBISCO.

**Step 6**: <u>Contact</u> public depositors to promote the benefits of the program, make arrangements to switch from dedicated method to Single Bank Pooled Collateral method, encourage to complete consent to receive monthly bank report by accessing the website.

Step 7: <u>Ongoing</u>: Complete the *Monthly Bank Deposit Report* no later than the 10<sup>th</sup> of each month. Banks enrolling on July 1, 2020, will be required to submit their June 30, 2020, public deposit aggregate month-end totals on the Monthly Bank Deposit Report.

www.nebankers.org/nepooledcollateral.html

# **Enrollment form**

### Enroll

Instructions and Information

Frequently Asked Questions (FAQ)

Step One: Enrollment form and program fees
Step Two: Security Agreement
Step Three: Custodial Agreement
Step Four: Bank Collateral Report

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#### BANK ELECTION FORM

#### Instructions for <u>Banks Electing</u> to Utilize the Single Bank Pooled Method for Collateralization of Public Funds through the Nebraska Single Bank Collateral Pool Program

Any bank, capital stock financial institution, or qualifying mutual financial institution (Bank) electing to secure the deposit of public money or public funds through use of the single bank pooled method must notify the administrator in writing of such election. Please complete the election form below in satisfaction of this requirement.

Participation in the Nebraska Single Bank Collateral Pool is contingent upon the undersigned delivering the signed election form to the Nebraska Bankers Insurance and Services Company (NBISCO) at <u>nepooledcollateral.org</u>.

If you have any questions, please contact Misty Stoner, NBISCO Financial Program Administrator, (402) 474-1555.

Thank you for your cooperation.

#### SINGLE BANK COLLATERAL POOL ELECTION FORM

| On behalf of  | , I hereby<br>oraska Single Bank Collateral Pool. |
|---|---|
| To be finalized after submission through Adobe Sign Signature | Title   |
| Drinted Name  | Data  |
| Printed Name  | Date  |
| Effective Date of Election/Agreement                          |   |
| Bank Address:   |   |
| Bank City, State, Zip:  |   |
| Bank Routing Number: FDIC Number:                             |   |
| Number of Nebraska Public Depositors:                         |   |

### Page two of Enrollment Form: – EMPLOYEE ACCESS AND QUALIFIED TRUSTEE FORM

| Qualified Trustee Information   |
|---------------------------------|
| Name                            |
|                                 |
| Attn                            |
| Address                         |
|                                 |
| Email                           |
| Qualified Transfers Information |
| Qualified Trustee Information   |
| Name                            |
|                                 |
| Attn                            |
| Address                         |
|                                 |
| Email                           |
|                                 |
| Qualified Trustee Information   |
| Name                            |
|                                 |
| Attn                            |
| Address                         |
| Addiess                         |
|                                 |
| Email                           |

| Employee Information |            |  |  |  |  |  |  |  |
|----------------------|------------|--|--|--|--|--|--|--|
| Last Name            | First Name |  |  |  |  |  |  |  |
|                      |            |  |  |  |  |  |  |  |
| Title                | Email      |  |  |  |  |  |  |  |
|                      |            |  |  |  |  |  |  |  |
| New /Update          | Remove     |  |  |  |  |  |  |  |
| Employee Information | on         |  |  |  |  |  |  |  |
| Last Name            | First Name |  |  |  |  |  |  |  |
|                      |            |  |  |  |  |  |  |  |
| Title                | Email      |  |  |  |  |  |  |  |
|                      |            |  |  |  |  |  |  |  |
| New /Update          | Remove     |  |  |  |  |  |  |  |
| Employee Information | on         |  |  |  |  |  |  |  |
| Last Name            | First Name |  |  |  |  |  |  |  |
|                      |            |  |  |  |  |  |  |  |
| Title                | Email      |  |  |  |  |  |  |  |
|                      |            |  |  |  |  |  |  |  |
| New /Update          | Remove     |  |  |  |  |  |  |  |

### Page three of Enrollment Form:- PROGRAM FEES

#### PROGRAM FEES APPROVED BY NEBRASKA DEPARTMENT OF BANKING AND FINANCE

- A. Initial Enrollment Fee if enrolling July 1st. Please see table below to select which fee option you will be paying.
  - 1.\$500 per bank with less than 20 Governmental Unit depositors
  - 2.\$1,000 per bank with 20 or more Governmental Unit depositors
- B. Annual Maintenance Fee (After 1st year)
  - 1. \$500 per bank with less than 20 Governmental Unit depositors
  - 2.\$1,000 per bank with 20 or more Governmental Unit depositors
- C. Monthly Participation Fee \$10 per month for each Governmental Unit account.

D. Penalty Fee \$250 per occurrence for reported under collateralization events which are not corrected within no more than 10 business days

To pay via credit card please check the box to be invoiced

#### To pay via ACH please complete the bottom portion of this document and submit to the Administrator.

A. Name on Bank Account:

- B. Bank Name:
- C. Bank Account Number:

C. Bank Routing Number:\_ D. Bank Account Type:

| Start date: Enrollment fee due: |  |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|
|                                 | 20 or more Governmental<br>Unit depositors | Less than 20 Governmental<br>Unit depositors |  |  |  |  |  |
| July 1st                        | \$1,000.00                                 | \$500.00                                     |  |  |  |  |  |
| August 1st                      | \$916.67                                   | \$458.33                                     |  |  |  |  |  |
| September 1st                   | \$833.33                                   | \$416.67                                     |  |  |  |  |  |
| October 1st                     | \$750.00                                   | \$375.00                                     |  |  |  |  |  |
| November 1st                    | \$666.67                                   | \$333.33                                     |  |  |  |  |  |
| December 1st                    | \$583.33                                   | \$291.67                                     |  |  |  |  |  |
| January 1st                     | \$500.00                                   | \$250.00                                     |  |  |  |  |  |
| February 1st                    | \$416.67                                   | \$208.33                                     |  |  |  |  |  |
| March 1st                       | \$333.33                                   | \$166.67                                     |  |  |  |  |  |
| April 1st                       | \$250.00                                   | \$125.00                                     |  |  |  |  |  |
| May 1st                         | \$166.67                                   | \$83.33                                      |  |  |  |  |  |
| June 1st                        | \$83.33                                    | \$41.67                                      |  |  |  |  |  |

Submit Form

# Security Agreement

### Enroll

Instructions and Information

Frequently Asked Questions (FAQ)

Step One: Enrollment form and program fees

Step Two: Security Agreement

Step Three: Custodial Agreement

Step Four: Bank Collateral Report

### Security Agreement

### SECURITY AGREEMENT

This Security Agreement (the "Agreement"), dated as of \_\_\_\_\_\_\_by and among \_\_\_\_\_\_\_(the "Depository"), a bank, capital stock financial institution, or qualifying mutual financial institution in the state of Nebraska, and the Nebraska Bankers Insurance and Services Company ("Administrator" or at times referred to as "NBISCO"). NBISCO is the Administrator whom the Director of the Nebraska Department of Banking and Finance (the "Department" or at times referred to as the "Director" on behalf of the Department), has designated pursuant to *Neb. Rev. Stat.* § 77-2398 (2)(b)(ii), as now or hereafter amended, on behalf of Governmental Units whose funds are required to be collateralized in accordance with *Neb. Rev. Stat.* § 77-2386 *et.seq.*, as now or hereafter amended,

## Additional information about Security Agreement

#### CERTIFICATE

I, the undersigned, hereby certify to the Administrator\_who is the pledgee of collateral securities to secure funds of Governmental Units under the pooling method in accordance with, Public Funds Deposit Security Act, that I am the \_\_\_\_\_\_\_of the \_\_\_\_\_\_\_of the \_\_\_\_\_\_\_, a bank, capital stock financial institution, or qualifying mutual financial institution in Nebraska; that the following is a true copy of the resolution duly adopted by the [Board of Directors / Loan Committee] of the Depository, at a meeting held on the \_\_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_\_, at which a quorum was present; and that such resolutions have not been rescinded or modified.

SO CERTIFIED, this \_\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Director (SEAL)

EXHIBIT A

RESOLUTION OF THE

Board of Directors /Loan Committee

OF

Name of Depository

WHEREAS, the Federal Deposit Insurance Corporation's Statement of Policy Regarding Treatment of Security Interests After Appointment of the FDIC as Conservator or Receiver dated March 31,1993, (the "FDIC Policy Statement") specifies that all security agreements pertaining to public deposits be approved by the financial institution's

(Name of Depository) Board of Directors /Loan

Committee

#### NOW, THEREFORE, BE IT RESOLVED THAT:

The Chairman, President, or any Vice-President of

(*Name of Depository*) be and hereby is authorized and directed to execute and deliver to the Nebraska Bankers Insurance and Services Company (the "Administrator") the "Security Agreement" contained herewith; and

2. The Chairman, President, or any Vice President be and hereby is authorized to act as agent to \_\_\_\_\_\_(*Name of Depository*) under said Agreement, said acts including but not limited to the execution of any required securities account control agreement or escrow agreement; and

3. This resolution shall remain in full force and effect until written notice of its amendment or rescission shall have been given to the Administrator, and that receipt of such notice shall not affect any action taken by the Administrator or affect the security of any deposits that may be or may have been on deposit with \_\_\_\_\_\_ (*Name of Depository*); and

4. The Secretary or Assistant Secretary is authorized and directed to certify to the Administrator that this resolution has been duly adopted and that the provisions thereof are in conformity with the Charter, Articles of Incorporation, and By-Laws of

(Name of Depository), and that there is no provision in those documents or in any other authorizing document that limits the power of the (Board of Directors)

/ established Loan Committee ) to pass the foregoing resolution.

ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_.

Board of Directors /Designee

Name of Depository

| B  | y | : | _ | _ |
|----|---|---|---|---|
| ь. | - | - | - | ~ |

Name and Title

Additional information about Security Agreement

# **Custodial Agreement**

### Enroll

Instructions and Information

Frequently Asked Questions (FAQ)

Step One: Enrollment form and program fees

Step Two: <u>Security Agreement</u>

Step Three: Custodial Agreement

Step Four: Bank Collateral Report

## Agreement between Bank, Qualified Trustee, and NBISCO

### **CUSTODIAL AGREEMENT**

| This Custodial Agreement (the "Agreement") dated as of, among   |   |
|---|---|
| Bank (the "Depository"),  |   |
| (the "Qualified Trustee"), and Nebraska Bankers Insurance and Services Company (the "Administrator"). | 1 |

# **Bank Collateral Report**

### Enroll

Instructions and Information

Frequently Asked Questions (FAQ)

Step One: Enrollment form and program fees

Step Two: Security Agreement

Step Three: <u>Custodial Agreement</u>

Step Four: Bank Collateral Report

# **Bank Collateral Report**

|                              | Bank In                 | itial Depo  | sit/ Col     | lateral For                      | 'n              |
|------------------------------|-------------------------|---|--------------|----------------------------------|-----------------|
| Reporting date:              |                         |   |              |                                  |                 |
| Reporting Period:            |                         |   |              |                                  |                 |
| Depository name:             |                         |   |              |                                  |                 |
| Address:                     |                         |   |              |                                  |                 |
| City:                        |                         |   |              |                                  |                 |
| Completed by:                |                         |   |              |                                  |                 |
| Total Monthe End<br>Deposits | Total FDIC<br>Insurance | Total Deposits<br>Net of FDIC<br>Insurance *          | 102%         | Market<br>Value of<br>Collateral | In Compliance?  |
|                              |                         | \$ -  | \$ -         |                                  | - In compliance |
| Instructions:                |                         |   |              |                                  |                 |
| information. T               | ab two is a li          | e tabs. Tab one<br>st of pledged s<br>public deposite | ecurities.   |                                  |                 |
| 🕞 🖹 Bank                     | Information             | Governmental U  | nits   Secur | rities-Collateral                | (+)             |

### Bank Collateral Report List Of Depositors (Governmental Units)

| Li                | List of Governmental Units |                   |  |  |  |  |  |  |
|-------------------|----------------------------|-------------------|--|--|--|--|--|--|
| Governmental Unit | Tax ID                     | Month end deposit |  |  |  |  |  |  |
| 1                 |                            |                   |  |  |  |  |  |  |
| 2                 |                            |                   |  |  |  |  |  |  |
| 3                 |                            |                   |  |  |  |  |  |  |
| 4                 |                            |                   |  |  |  |  |  |  |
| 5                 |                            |                   |  |  |  |  |  |  |
| 6                 |                            |                   |  |  |  |  |  |  |
| _                 |                            |                   |  |  |  |  |  |  |

# Bank Collateral Report

### List of Pledged securities

| Securities and Collateral  |                   |            |      |                           |         |               |  |  |  |  |
|----------------------------|-------------------|------------|------|---------------------------|---------|---------------|--|--|--|--|
|                            |                   |            |      |                           |         |               |  |  |  |  |
| Reporting Date:            |                   |            |      |                           |         |               |  |  |  |  |
| Reporting Period:          |                   |            |      |                           |         |               |  |  |  |  |
|                            |                   |            |      |                           |         |               |  |  |  |  |
| List of Pledged Securities |                   |            |      |                           |         |               |  |  |  |  |
| Original Par Value         | Current Par Value | Dated Date | Rate | Description of Collateral | CUSIP # | Maturity Date |  |  |  |  |

# What is available for educating public entities:

### **Governmental Units**

- Disclosure Circular
- Governmental Units consent to access reports on administrator website
  - Informative PowerPoint
  - Informative handout

# **Contact Public Depositors**

- Promote benefits of program
- Transition of securities from dedicated method to Single Bank Pooled Collateral method
- Encourage the completion of consent to receive monthly bank report by accessing NBSICO website

### How to locate Consent to access reports on Administrator's website form Required to be completed

### Documents

- Disclosure Circular
- <u>Securities Deposit and Release Collateral Form</u>
- <u>Governmental Units consent to access reports on administrator website</u>
- <u>Educational Program Handout</u>



#### CONSENT TO ACCESS REPORTS ON ADMINISTRATOR'S WEBSITE

Nebraska Single Bank Collateral Pool

All Governmental Units using the Single Bank Pooled Method are required to review the Single Bank Pooled Method Disclosure Circular which is attached and is available on the Nebraska Single Bank Pooled Collateral Website: www.nebankers.org/nepooledcollateral.html

Please complete the acknowledgment form below and return it to

Misty Stoner, NBISCO Financial Program Administrator, (402) 904-7060, <u>nepooledcollateral@nebankers.org</u>.

Thank you for your cooperation.

Name and Tax ID # of Governmental Unit

Tax ID # of Governmental Unit

E-mail Address for Governmental Unit

#### Check only one below:

\_\_\_\_\_The undersigned Governmental Unit agrees to receive reports issued by the Single Bank Collateral Pool Administrator by accessing the reports on the Administrator's website.

The undersigned Governmental Unit does not agree to receive reports issued by the Single Bank Collateral Pool Administrator by accessing the reports on the Administrator's website.

I acknowledge that I have read and understand the Department of Banking and Finance's Single Bank Pooled Method Disclosure Circular

| Signature    | Title |
|--------------|-------|
|              |       |
| Printed Name | Date  |

# Where to find monthly reporting information on the website

### Submit Monthly Reporting

Financial Institution: <u>Submit your monthly collateral reporting form</u> Qualified Trustees: <u>Submit your monthly collateral reporting form</u>

# Monthly Bank Deposit Report

### -Three tabs to complete

|                       |                                   | Mont   | hly Bank De      | posit Report                               |               |                             |                 |                       |  |
|-----------------------|-----------------------------------|--|------------------|--|---------------|-----------------------------|-----------------|-----------------------|--|
|                       |                                   |  |                  |  |               |                             | Total Number of |                       |  |
| Bank Name:            |                                   |  |                  |  | Period Ending |                             | Depositors:     |                       |  |
| Address               |                                   |  |                  |  |               |                             |                 |                       |  |
| Street:               |                                   | 1  |                  |  |               |                             |                 |                       |  |
| City, State, Zip:     |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
| Month End Deposits    | Month End FDIC Insurance          | Month End Total<br>Deposits Net of<br>FDIC Insurance * | 102%             | Month end<br>Market Value of<br>Collateral |               | Month End in<br>Compliance? | Action          | to Restore Compliance |  |
|                       |                                   | -  | -                |  | -             | In compliance               |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
| NOTE                  | Please complete the other t       | wo tabs  |                  |  |               |                             |                 |                       |  |
| NOTE.                 | rease complete the other to       | wollabs  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
| Submitted By:         |                                   |  |                  |  | Email Address | :                           | Phone Number:   |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
| * All time and sav    | ings deposits owned by a pub      | lic unit and held by th                                | e public unit's  |  |               |                             |                 |                       |  |
| official custodian in | an insured depository institut    | tion within the State in                               | which the public |  |               |                             |                 |                       |  |
| unit is located are   | added together and insured up     | p to \$250,000. Separat                                | tely, all demand |  |               |                             |                 |                       |  |
| deposits owned by     | a public unit and held by the     | public unit's official of                              | custodian in an  |  |               |                             |                 |                       |  |
| insured depositor     | y institution within the State ir | n which the public uni                                 | t is located are |  |               |                             |                 |                       |  |
|                       | added together and insured        | up to \$250,000.                                       |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
|                       |                                   |  |                  |  |               |                             |                 |                       |  |
| A < 10                | Monthly Reporting                 | Gov't Units  | Securities -     | Collateral                                 | (+)           |                             |                 | E 4                   |  |

# **Single Bank Collateral Pool**

Financial institution monthly reports posted on the NBISCO's website for access by public depositors (political subdivisions and state agencies). This report will inform public depositors if the bank meets the 102% requirement to comply.

# How to determine if banks are in compliance?

### Reports

Current Month Collateral Report

Historical Collateral Reports

Public Entities with Covered Deposits

Participating NE Financial Institutions

#### BANK PARTICIPATION/COLLATERAL REPORT (demonstration only)



| FDIC # | BANK ROUTING<br>NUMBER | BANK NAME                    | CITY     | MEETS 102% STATUTORY<br>PLEDGE REQUIREMENT | CORRECTION<br>ORDERED |
|--------|------------------------|------------------------------|----------|--|-----------------------|
| 12345  | 5678910                | Bank of Crisis               | Hazard   | 1  | Ν                     |
| 23456  | 789101                 | State Bank of Overload       | Prospect | <b>7</b>                                   | Y                     |
| 34567  | 8910111                | First State Bank of COVID-19 | Mask     | 167  | Ν                     |
| 45678  | 9101112                | No Mask Security Bank        | Strings  | 14   | Ν                     |

31-Jul-20

For Month Ending

### Where to go to locate Securities Deposit and Release Collateral Form



- Disclosure Circular
- <u>Securities Deposit and Release Collateral Form</u>
- Instructions to Governmental Units
- <u>Educational Program Handout</u>

|                       | PLEDGED/REL             |                 |                |                                   |             |              |  |
|-----------------------|-------------------------|-----------------|----------------|-----------------------------------|-------------|--------------|--|
| Date:                 |                         |                 |                | Nebraska Bankers<br>Insurance and |             |              |  |
| Depository Name:      |                         |                 |                | Insurance and                     |             |              |  |
| Custodian of Securiti | es:                     |                 |                |                                   | Services Co | ompany       |  |
| Ple                   | ease DEPOSIT the follow | ing collateral: |                |                                   |             |              |  |
| Original Par Value    | Current Par Value:      | Dated Date:     | Rate:          | Description of Collateral:        | CUSIP#:     | Maturity Dat |  |
|                       |                         |                 |                |                                   |             |              |  |
|                       |                         |                 |                |                                   |             |              |  |
| Die                   | ease RELEASE the follow | ing collateral: |                |                                   |             |              |  |
| Original Par Value    | Current Par Value:      | Dated Date:     | Rate:          | Description of Collateral:        | CUSIP#:     | Maturity Dat |  |
|                       |                         |                 |                |                                   |             |              |  |
|                       |                         |                 |                |                                   |             |              |  |
|                       |                         |                 |                |                                   |             |              |  |
| Total balance being   |                         |                 |                |                                   |             |              |  |
| Deposited/Relased:    |                         |                 |                |                                   |             |              |  |
| Total balance AFTER   |                         |                 |                |                                   |             |              |  |
| transfer release:     | FDIC Insurance:         | 102%            | In compliance? |                                   |             |              |  |

### Public entities that maintain deposits in a Nebraska bank which are secured through the SBPC, will experience:

- A program that operates successfully in other states: Colorado, South Dakota and other states have successfully implemented a pooled collateral program
- Increased security: Public entities, participating banks and NBISCO routinely review deposit and collateral levels.
- Reduced administrative time and expense: Questions about proper collateral coverage are addressed to NBISCO rather than each individual bank.

### Public entities that maintain deposits in a Nebraska bank which are secured through the SBPC, will experience:

- **Centralized reporting:** Public entities and their audit firms can easily access reports monthly and annually.
- Significant time savings: NBISCO assumes responsibility for approving the deposit/withdrawal of pooled collateral pledged to public deposits.
- Professional program administration: NBISCO has been in existence since 1981. The NBISCO team responsible of administering the SBPC includes two attorneys, two inactive registrant certified public accountants, the former Director of the Department of Economic Development and professional account representatives.



# Questions and Answers

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