Pledgee Agreement Form

To: Federal Reserve Bank of Boston Tel: 800-327-0147, Option #4 600 Atlantic Avenue Fax: 877-973-8972 Boston, MA 02210 **Attn: Wholesale Operations/Joint Custody** Date: agree to the terms of **Appendix C** of your *Operating Circular 7*, We, the dated August 19, 2005, as it may be amended from time to time with respect to the account on your books designated ______. (4 digit alpha-numeric account number) We further agree that you may accept par for par substitutions: securities from the Pledgor as a replacement of, or in substitution for, those securities presently held (please check one): NO (Instructions required for YES (Standing approval) each withdrawal) Provided that the replacement or substitution does not reduce the aggregate par amount of securities held in custody for us. (See Operating Circular 7, Appendix C, Section 4.3.) We authorize you to use the following call-back procedure for securities transactions pertaining to this account (please check one): Three-party call-back Four-party call-back We certify that the individuals listed below may take authoritative action on our behalf with respect to the account, including a direction to release collateral from the account. You may rely on the authority of these individuals with respect to the account until we otherwise notify you. Print Name: Title: Telephone: Signature: ______Date: Fax: Print Name: ______Title:_____ Telephone: _____ Fax: Signature: ______Date: _____ Telephone: Print Name: Title: Signature: _____Date: Fax:

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Telephone:	Prir	nt Name:	Title:
Fax:	Signature:		Date:
The Undersigned hereby certifies	s that he/she is the present lawful in	cumbent of the designated publi	ic office.
	Pledgee		
		Name of governmental unit	
		Street Address or P.O Box 1	Number
		City, State, Zip Code	
		Official Signature/ Date	
		Printed Name and Title	
State of	Notary 		
County of			
	, 20_ ""before me pers		ne duly sworn, did depose and say that
	, ,		
	, that he/she is the		
	and that he/she e before me.	executed this document on behal	lf of
(Signature of Notary)			
(Print name of Notary)			
My commission expires on	[Date]		