METROPOLITAN WATER RECLAMATION DISTRICT OF GREATER CHICAGO
Applicant Financial Institution Certification and Review Form

Financial Institution Name: ____________________________________________________

Contact Name: _______________________ Phone/Email: __________________________

Review Date: _______________________

All Financial Institutions who transact business with the Metropolitan Water Reclamation District of Greater Chicago (“the District”) must supply the following as appropriate:

1. Most Recent Audited Financial Statements.  □

2. Signed certification of having read, understood, and agreed to comply with the Investment Policy of the District.  □

3. Four most recent Quarterly Call Reports from
   Attach Cover Page, Balance Sheet Deposits (#13), and Equity (#28) pages.  □

4. Collateral to be utilized is an acceptable form – state type of collateral to be used:
   __________________________
   Not required for CDARS or CDs of less than $250,000.  □

Treasury Staff to research:

5. Proof of insurance by the Banking Insurance Fund or by the Savings Association Fund of the FDIC. (www.research.fdic.gov/bankfind/: Enter certificate number in advanced search.)  □

6. Maintains an Illinois rating of “Satisfactory” or “Outstanding” for compliance with the Community Reinvestment Act (http://www.ffiec.gov/craratings/default.aspx)  □

7. Initial investment amount does not exceed 75% of the institution’s capital stock or net worth (attach test results in quarterly compliance reports file).  □

8. Certification of Minority Status (if applicable) from FDIC’s list of minority institutions: http://www.fdic.gov/regulations/resources/minority/MDI.html  □


10. Registration:
    National Bank: www.occ.treas.gov (view National Bank List and print page with bank name and cert number)
        OR
    Proof of State registration from: http://www.ilsos.gov/corporatellc/  □
Certification

The Financial Institution named above has been reviewed and meets the requirements of the District’s Investment Policy.

Financial Analyst: ____________________________ Date: _________

Financial Analyst: ____________________________ Date: _________

Assistant Treasurer: ____________________________ Date: _________

Approved by:

Treasurer: ____________________________ Date: _________