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. ☐

   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. ☐

5. Registration on District’s portal www.mwrd.org – Quick Links – Become a New Vendor ☐

Treasury Staff to research:

6. 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.) ☐

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

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

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


11. Registration:
    National Bank: www.occ.treas.gov (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: ____________