



**AG INVEST:
ANNUAL AGRICULTURE LINK DEPOSIT LOAN PROGRAM
ACKNOWLEDGEMENT FORM**

The Honorable Michael W. Frerichs
 Illinois State Treasurer
 Attn. Time Deposit Section
 400 West Monroe Street, Suite 305
 Springfield, IL 62704
 Phone: (217)782-2793 Fax: (217)558-3793

In furtherance of the purposes of the Ag Invest: Annual Agriculture Linked Deposit Loan Program, the Office of the State Treasurer agrees with the financial institution named below to enter into the financial transaction described hereunder:

Transaction Amount: \$ _____
1 yr Ag Deposit Rate: _____ %
Borrower Loan Rate: _____ %

Loan rate to the Borrower cannot exceed the Deposit Rate by more than 375 basis points

Deposit Date (Date of ACH/WT): _____
Maturity Date: _____

The Borrower acknowledges receipt of the loan in the amount, at the 1 year Ag interest rate and for the term identified above. The Borrower certifies that the loan shall be used for eligible program purposes in accordance with the related Deposit Application Form. The borrower has the ability to utilize these funds as a line of credit. The Borrower certifies that he/she has no approval authority over lending transactions at the financial institution. In addition, Borrower's are allowed one loan per single borrower not to exceed \$400,000 or \$800,000 for farm operations under the State Treasurer's Linked Deposit Annual Agriculture Loan Program through Farm Credit Services or any other financial institutions during the current calendar year.

BORROWER INFORMATION:

Borrower's Name: _____
 Address: _____
 City, State, Zip: _____
 County: _____
 Last 4 SSN: _____ Phone Number: (____) ____ - _____
 Email address: _____ (Please provide, if possible.)
Signature: _____ **Date:** _____

The financial institution certifies that the funds provided under this agreement shall be used for the eligible program purposes described in the related Deposit Application Form. The financial institution further agrees to comply with all legal requirements related to the deposit of State monies and with all policies and procedures implementing the Annual Agriculture Linked Loan Program. The financial institution shall submit this Acknowledgement Form to the Office of the State Treasurer **10 calendar days** from the deposit date as evidence that the funds are being used for an eligible program purpose. Upon written request by the financial institution, the (10) calendar day lending period may be extended for a period not to exceed (30) calendar days from the date of deposit. The financial institution certifies that all statements and representations made herein and in the related documents are true and correct to the best of its knowledge and belief. Fax copies are acceptable. FAST TRACK LENDERS- receive an automatic 20 day extension without prior written request. Contact the office for further information regarding the Fast Track Program.

FINANCIAL INSTITUTION INFORMATION: SUBSCRIBED and SWORN to before me

(Notary signature date should match that of the borrower and lender signature date)

Name of Financial Institution: _____ this ____ day of ____, _____
 Loan Officer: _____
 Title: _____ (Notary Public Signature)

Signature: _____ **Date:** _____

Revised rhDec2015

