

Invest in Illinois Letter of Agreement

| Please identify the Community Development Linked Deposit Program and comple Ag Invest: Long Term Ag Invest: Value Added Ag Business I | |
|---|--|
| SECTION 1: FINANCIAL INSTITUTION INFORMATION | |
| The Office of the Illinois State Treasurer agrees to enter into an agreement with terms and conditions: Transaction Type: New Loan Refinance (Ag Only) | (Financial Institution) under the following |
| * Deposit Amount: Treasurer's Asking Deposit Ra | te: Deposit Date (Date of ACH/WT): |
| * Length of Terms: Borrower Loan Ra | |
| For Ag Invest and Business Invest Programs, the borrower's loan rate may not exceed may not charge any additional fees in connection with this loan. * Please refer to the programs. | eed the deposit rate by more than 3.75%. The participating Financial Institution |
| SECTION 2: CERTIFICATIONS AND ACKNOWLEDGEMENTS | |
| With regard to this Letter of Agreement, the participating Financial Institution certification. 1. Financial Institution will loan these funds to the Borrower for the purpose. 2. Financial Institution will comply with all applicable legal requirements re- | 9 |
| and procedures under the Community Development Linked Deposit Pro | ogram. |
| 3. Financial institution will submit this executed Letter of Agreement to the Treasurer's Office within 10 business days of the deposit/renewal date otherwise the Treasurer may withdraw the deposit. | |
| | to borrower within 10 business days of the deposit date otherwise the ate of interest to cover any loss of interest incurred by the Treasurer's Office. a line of credit. |
| Financial Institution agrees to notify the Treasurer's Office of a prepayn require the Financial Institution to pay a market rate of interest to cover: | nent of a loan within 10 business days otherwise the Treasurer's Office may any loss of interest incurred by the Treasurer's Office. |
| Financial Institution acknowledges that the deposit amount for a refinantime of application. | nce of an existing loan may not exceed the current balance of the loan at the |
| 7. This Agreement supplements the Master Deposit Agreement between th | e Treasurer and the Financial Institution. |
| By signing below, Borrower acknowledges that he/she has received a loan from the shall be used for eligible program purposes in accordance with the Application. Bor | |
| Representative: | Title: |
| Financial Institution: | |
| Address: | County: |
| City: | State: Zip: |
| Phone: Fax: | Email: |
| Representative Signature Date//_ | SUBSCRIBED and SWORN to before me (Notary signature date should match that of the Borrower and Lender's signature dates) |
| Borrower's Full Name: | (Notary Public Signature) This day of, (seal) |
| Borrower's Signature Date//_ | |
| Internal Use Only Please Send To: Illinois State Treasurer Michael W. Frerichs Illinois Business Center * 400 West Monroe, Suite 305 | RECEIVED AND AGREED TO: |
| Springfield, Illinois 62704 Phone: (217) 782-0764 * Fax: (217) 558-3793 | |

Dec 2019