

Request to withdraw from program - 30 day notice required

(Copy and paste on your bank's letterhead)

(current date)

Ms. JoLynn Winkler
Nebraska Investment Council
1526 K Street, Ste. 420
Lincoln, NE 68508

Re: Time Deposit Open Account

Dear JoLynn:

We would like to cease participation in the State of Nebraska Time Deposit Open Account program effective *(available deposit/withdrawal date)*.

Funds in the amount of *(amount of deposit)* will be available in our correspondent bank account for withdrawal on *(available deposit/withdrawal date)*.

Sincerely,

(Name)

(Title)