

***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)*