

Request for Reduction in CED Account Balance

Date

Director for District Licensing
Northeastern District
Office of the Comptroller of the Currency
340 Madison Avenue, Fifth Floor
New York, New York 10017-4613

Re: Request for Reduction in Capital Equivalency Deposit Account

Dear Director:

(Name of federal branch/limited federal branch/federal agency) maintains a Capital Equivalency Deposit (CED) account (*account #*) at *(name of depository bank)*. This is to request a reduction of *(\$ amount)* in our CED account in accordance with OCC regulation, 12 CFR 28.15.

The CED balance as of *(date)* is *(\$ amount)*. The balance following the reduction would be *(\$ amount)*, which still exceeds the minimum OCC requirements. Enclosed are copies of the account balance computations for the last three months in support of this request.

We certify that the CED account will be at or above the level required by 12 CFR 28.15 following the reduction. Should you have any questions, please contact *(representative, phone and facsimile numbers, including area code)*.

Sincerely,

—Signature—

Name and Title

Enclosures