## Pledgee Agreement Form

| To: Federal Reserve Bank of Boston 600 Atlantic Avenue Boston, MA 02210 Attn: Wholesale Operations / Joint Custody  | Tel: 800-327-0147, #4 Fax: 877-973-8972 Date: September 29, 2015 |
|---|--|
| We, the <u>Nueces County Hospital District</u> agree to the terms of A Circular 7, dated August 19, 2005, as it may be amended from time to your books designated <u>K2CQ</u> (4-digit alpha-numeric account number)                  | timo with roomant exclusion                                      |
| We further agree that you may accept par for par substitutions: sec<br>replacement of, or in substitution for, those securities presently held (p.  | curities from the Pledgor as a lease check one):                 |
| NO (Instructions required for each withdrawal)  | tanding Approval)  |
| Provided that the replacement or substitution does not reduce the aggrein custody for us (see <i>Operating Circular 7, Appendix C, Section 4.3</i> ).   | gate par amount of securities held                               |
| We authorize you to use the following call-back procedure for secu account (please check one):  | rities transaction pertaining to this                            |
| ☐ Three-party call-back ☐ Four-party  |  |
| We certify that the individuals listed below may take authoritative a<br>the account, including a direction to release collateral from the account,<br>these individuals with respect to the account until we otherwise notify years. | Vou nous role on the Sant St. S. S. S.                           |
| Telephone: (361) 808-3300 Print Name: Jonny F. Hipp   | Title: Administrator CEO   |
| Fax: (361) 808-3274 Signature: Porry 7 1100   | Date: 09 29 2015   |
| Telephone: (361) 808-3330 Print Name: Dena Bruni  | Title: Assistant Administrator                                   |
| Fax: (361) 808-3274 Signature: Dens Bounci  | Date: 09 29 2015   |

# Pledgee Agreement (page 2 of 2)

| Telephone:                               | Print Name:                  | Title:   |
|--|------------------------------|--|
| Hax                                      |                              | Date:  |
| The Undersigned hereby coffice.          | ertifies that he / she i     | s the present lawful incumbent of the designated public  |
|  |                              | Pledgee  |
|  |                              | Nueces County Hospital District Name of Governmental Unit  |
|  |                              | 555 North Carancahua Street, Suite 950 Street Address or P.O. Box Number   |
|  |                              | Corpus Christi, Texas 78401-0835   |
|  |                              | Jorry 7, with 9/29/15 Official Signature Date  |
|  |                              | Jonny F. Hipp, Administrator CEO Printed Name and Tale   |
|  |                              | Notary   |
| State of Texas                           |                              | -  |
| County of Nucces                         |                              | •  |
| On this <u>29th</u> day of <u>Septem</u> | <u>ber. 2015</u> before me p | personally appeared Jonny F. Hipp personally known   |
|  |                              | did depose and say that he resides at 5910 Woodmere  |
|  |                              | as, that he is the Administrator Chief Executive   |
|  |                              | he executed this document on behalf of the Nueces  |
| County Hospital District bel             |                              |  |
| Sark A.Z                                 | Ope                          |  |
| Same C. T.                               |                              | ARAG LOACHINI  |
| Sara G. Lopez<br>Printed Name of Notary  |                              |  |
| ly commission expires on                 | March 28, 2018               | ARY PUBLISHED ARY PUBLISH PUBLISHED ARY PUBL |
|  |                              | 228-2018<br>Managanan  |



### Federal Reserve Bank Joint Custody Service via FedMail<sup>®</sup> Request Form

Internal FR

| Federal | Reserve | Bank | Use |
|---------|---------|------|-----|
| Only    |         |      |     |

Due Diligence Verified

FHBservices or

PLEASE TYPE FORM, PRINT & SUBMIT (handwritten forms may delay processing)

Use of the FedNail\* access solution is governed by Federal Reserve Bank Operating Circular 5, Electronic Access ("OC 5"). Depending on the services you choose to access using FedNail, additional Operating Circulars may govern. Federal Reserve Bank Operating Circulars are available at FRBservices.org regulations operating) circulars.html. Submission of this form constitutes acceptance of the terms and conditions of OC 5 and other applicable Operating Circulars and agreements. The Federal Reserve Banks have no obligation to verify the accuracy of the information you provide below and have the right to rely on such information in connection with the provision of the FedNail access to the services your are requesting. Except to the extent prohibited by law or regulation, you agree to indemnify, hold harmless and defend the Federal Reserve Banks against any claim, loss, liability, or expense made against or incurred by the Federal Reserve Banks in connection with their reliance on the information provided below.

| Section | 1 | Genera | ıŀ |
|---------|---|--------|----|
|---------|---|--------|----|

\*Required Fields

|  |   | required Fields                         |
|--|---|---|
| State or Local Government<br>Institution Name* | Nueces County Hospital District   |   |
| Telephone*                                     | Phone (361) 808-3300  | Extension N/A                           |
| Joint Custody Account Number(s)*               | Provide the 4-digit alpha-numeric account number(<br>on your statement. This form may be used for multi<br>the same address, with a maximum of four account | iple account numbers being delivered to |
| Account #1                                     | K2CQ  |   |
| Account #2                                     |   |   |
| Account#3                                      |   |   |
| Account#4                                      |   |   |
|  |   |   |

#### Section 2 - Service Profile

#### Instructions

- I. For e-mail delivery, please provide more than one email address.
- 2. If updates are required to your current Joint Custody pledgee agreement, please call 800-327-0147 and select option 4.

The email address(es) and / or fax number(s) below will remain in effect until an updated Joint Custody FedMail Request Form is submitted.

#### Joint Custody Service (JCCR)

| Email Address or Fax Number This list replaces the prior e-mail addresses and for fax numbers on file for your organization |  |
|---|--|
| jonny.hipp@nchdee.org   |  |
| dena.bruni a nchdec.org   |  |
|   |  |
|   |  |
|   |  |
|   |  |

## Federal Reserve Bank Joint Custody Service via FedMail® Request Form

Section 3 – Service Description

| Service                         | Description   |
|---------------------------------|---|
| Joint Custody Service<br>(JCCR) | Provides the ability to receive Joint custody Daily Activity Statements and monthly Securities Holdings Reports electromically. The e-mail is sent in the text format, the statements and reports are sent as attachments, which may be viewed with a text editor, spreadsheet or word processing software. |

| Name*   | First      | Middle 14. | Tast<br>Hipp |  |
|---|------------|------------|--------------|--|
| Signature* The person signing this form must be listed on your current pledge               |            | 2          |              |  |
| agreement on file with the Lederal<br>Reserve Bank as authorized to act<br>for your account | Clor       | m 7, 1     | map)         |  |
| Reserve Bank as authorized to act   | 09 29 2015 | M 4, 1     | mol)         |  |