

**Change Request to the Custodial Inventory
Application Form and Agreement**
For Requirements see Notifications section on MOP page 19

Executed by the Requesting Institution

Institution Name: _____

Authorized Signature: _____

Printed Name and Title: _____

Phone Number: _____

E-mail Address: _____

Date: _____

This form will not be accepted if the name provided above is not an individual listed on your institution's Official Authorization List (OAL). To complete an OAL for your institution or to add authorized individuals to your institution's OAL, visit www.frb services.org/Accounting.

Submit your form to your local servicing Federal Reserve Bank **and** to one of the following addresses:

Customer Contact Center
P.O. Box 9130
Minneapolis, MN 55480-9130
Or via fax to: (800) 660-7856

Customer Contact Center
P.O. Box 219416
Kansas City, MO 64121-9416
Or via fax to: (800) 485-6089