



Financial Institution Certification

To be completed and signed by your Investment Account Representative.

Name of Financial Institution: _____

Address of Financial Institution: _____

Name of Account Holder: _____

Last 4 Digits of Account Number: _____

Available Amount in US Dollars: _____

Financial Institution's Official

Name (PRINT): _____

Financial Institution's Official

Title: _____

I certify that the student or the sponsor named on this form has full access to the funds described below. Further, I certify that the funds described below can be withdrawn at any time, are liquid, and can be used without restriction to sponsor purpose in the United States and does not hold the bank responsible or liable.

Financial Institution's Signature: _____

Date (Month/Day/Year): _____

Financial Institution Stamp: