



State of West Virginia Agency Master Agreement

CORRECT ORDER NUMBER MUST
APPEAR ON ALL PACKAGES,
INVOICES, AND SHIPPING PAPERS.
QUESTIONS CONCERNING THIS
ORDER SHOULD BE DIRECTED TO
THE DEPARTMENT CONTACT.

Order Date: 2021-12-09

Order Number: AMA 1300 1300 STO1700000002 9	Procurement Folder: 165637
Document Name: Banking & Depository Services	Reason for Modification: Administrative change order to correct dates on the commodity lines.
Document Description: Banking & Depository Services	
Procurement Type: Agency Master Agreement	
Buyer Name: Shelly Murray	
Telephone: (304) 341-7089	
Email: shelly.murray@wvsto.com	
Shipping Method: Best Way	Effective Start Date: 2017-01-01
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2022-12-31

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000213792 TRUIST BANK 300 SUMMERS ST CHARLESTON WV 25301-1624 US Vendor Contact Phone: 304-348-7078 Extension: Discount Details: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 15%;">Discount Allowed</th> <th style="width: 20%;">Discount Percentage</th> <th style="width: 20%;">Discount Days</th> </tr> </thead> <tbody> <tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr> <tr><td>#2</td><td>No</td><td></td><td></td></tr> <tr><td>#3</td><td>No</td><td></td><td></td></tr> <tr><td>#4</td><td>No</td><td></td><td></td></tr> </tbody> </table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Alberta Kincaid Requestor Phone: (304) 341-0723 Requestor Email: alberta.kincaid@wvsto.com
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
WEST VIRGINIA STATE TREASURERS OFFICE 322 70TH ST SE CHARLESTON WV 25304 US	WEST VIRGINIA STATE TREASURERS OFFICE 322 70TH ST SE CHARLESTON WV 25304 US

Total Order Amount:	Open End
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DEPARTMENT AUTHORIZED SIGNATURE
SIGNED BY : Shelly Murray
DATE: 2021-12-09
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Administrative Change Order to correct the dates on the commodity lines.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	84120000				\$0.00
	Service From	Service To			
	2017-01-01	2022-12-31			

Commodity Line Description: Banking and investment

Extended Description:

PLEASE SEE ATTACHED COST SHEET

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	84120000				\$0.00
	Service From	Service To			
	2017-01-01	2022-12-31			

Commodity Line Description: Banking and investment - Equipment Related Purchase

Extended Description:

PLEASE SEE ATTACHED COST SHEET



State of West Virginia Agency Master Agreement

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THE DEPARTMENT CONTACT.

Order Date: 2021-12-09

Order Number: AMA 1300 1300 STO1700000002 8	Procurement Folder: 165637
Document Name: Banking & Depository Services	Reason for Modification: Change Order No 6 is issued to renew the contract under the same terms and conditions and document the vendor's name change.
Document Description: Banking & Depository Services	
Procurement Type: Agency Master Agreement	
Buyer Name: Shelly Murray	
Telephone: (304) 341-7089	
Email: shelly.murray@wvsto.com	
Shipping Method: Best Way	Effective Start Date: 2017-01-01
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2022-12-31

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INVOICE TO	SHIP TO
WEST VIRGINIA STATE TREASURERS OFFICE 322 70TH ST SE CHARLESTON WV 25304 US	WEST VIRGINIA STATE TREASURERS OFFICE 322 70TH ST SE CHARLESTON WV 25304 US

Total Order Amount:	Open End
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DEPARTMENT AUTHORIZED SIGNATURE
SIGNED BY : Shelly Murray
DATE: 2021-12-09
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No 6 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders and to Document the vendor's name change to Truist Bank.

Effective date of renewal: 01/01/2022 through 12/31/2022.

Renewals remaining: One (1)

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	84120000				\$0.00
	Service From	Service To			
	2017-01-01	2021-12-31			

Commodity Line Description: Banking and investment

Extended Description:

PLEASE SEE ATTACHED COST SHEET

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	84120000				\$0.00
	Service From	Service To			
	2017-01-01	2021-12-31			

Commodity Line Description: Banking and investment - Equipment Related Purchase

Extended Description:

PLEASE SEE ATTACHED COST SHEET

	Document Phase	Document Description	Page
STO170000002	Final	Banking & Depository Services	3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



State of West Virginia

OFFICE OF THE STATE TREASURER
PHONE: 304-558-5000 or 1-800-422-7498
www.wvtreasury.com

RILEY MOORE
STATE TREASURER

STATE CAPITOL, ROOM E-145
1900 KANAWHA BOULEVARD, EAST
CHARLESTON, WV 25305

November 1, 2021

Mr. Michael Holtsclaw
Truist Bank
300 Summers St
Charleston, WV 25301

Subject: AMA STO1700000002 Banking & Depository Services / Change Order #6 Renewal

The West Virginia State Treasurer's Office is offering to renew subject contract under the same terms, conditions and pricing as contained in the original agreement including all authorized change orders. The renewal dates are 01/01/2022 through 12/31/2022. If your company agrees to this renewal, please sign below and return to my attention as soon as possible for processing. Attached is a copy of the Purchasing Affidavit which is also required to be signed, dated, and notarized in order to process the above renewal. Also, please provide your current required insurance certificates.

Should you have any questions about this letter, please feel free to give me a call.

Very truly yours,

Shelly Murray, CPPB
Deputy Treasurer of Purchasing
West Virginia State Treasurer's Office
Phone: 304-341-7089
Email: shelly.murray@wvsto.com / purchasing@wvsto.com

We agree to renew the contract for the period as stated above under the same terms and conditions in the original purchase order and any change orders thereto.

Michael Holtsclaw
Name/Signature

11/19/2021
Date

Senior Vice President
Title

November 19, 2021

To Whom It May Concern:

RE: Contract and Purchasing name change to Truist Bank (FKA BB&T)

Branch Banking and Trust Co (BB&T) formally requests that all contracts bearing the name Branch Banking and Trust Co., or BB&T be amended to have the name Truist Bank.

BB&T will transition all of the contracts and invoices, related to payment for services to the State of West Virginia, its agencies, boards, related entities and organizations in December 2021 with a full and complete transition to the name "Truist Bank" by January 30, 2022.

The contracts related to the State Treasurers' Office include the following:

- Collateral Safe Keeping STO 16*1
- Banking Services Cash Management STO 16 03
- Banking Services Tax STO 16 04

Any and all direct or indirect, contracted and non-contracted, fee for service agreements, for current and new Banking Services will also be included and transitioned to Truist Bank. Separate disclosures and pricing are not impacted by this notice.

This notice is for the sole purpose to deliver notice, that on January 1, 2022 all invoices, purchasing agreements and contracts by and between BB&T (now Truist Bank) and the State of WV shall be amended to the new name Truist Bank.

Should any documents related to this change require signature approval please contact Michael Holtsclaw at Michael.Holtsclaw@truist.com for execution.

Regards,



Michael Holtsclaw
Senior Vice President
Truist

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Truist Bank (fka Branch Banking & Trust Company)	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) <u>E</u> <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 303 Peachtree St	Requester's name and address (optional)
6 City, state, and ZIP code Atlanta, GA 30308	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									
5	6		1	0	7	4	3	1	3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>12/7/2019</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: TRUIST BANK (FKA BBT)

Authorized Signature: Michael A. Holtzclaw Date: 11/19/2021

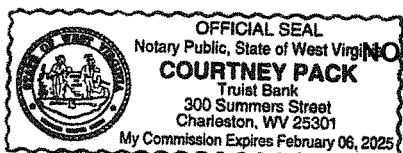
State of West Virginia

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 19 day of November, 2021.

My Commission expires Feb. 6, 2025

AFFIX SEAL HERE



NOTARY PUBLIC Courtney Pack



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/27/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services Inc 3322 West End Avenue, Suite 300 Nashville TN 37203	CONTACT NAME: Karen Wray	
	PHONE (A/C, No, Ext): 501-661-4973	FAX (A/C, No):
E-MAIL ADDRESS: CertificateRequests@mcgriff.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Truist Financial Corp. & Subsidiaries c/o McGriff Insurance Services 301 College Street, Suite 208 Asheville NC 28801	09TRUPC	INSURER A: Hartford Fire Insurance Company INSURER B: National Union Fire Ins Co of Pitt. PA INSURER C: Twin City Fire Insurance Company INSURER D: INSURER E: INSURER F:
		19682
		19445
		29459

COVERAGES **CERTIFICATE NUMBER:** 1976561027 **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	20ECSS70004	5/1/2021	5/1/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	Y	Y	20CSES70003	5/1/2021	5/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	21335635	5/1/2021	5/1/2022	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
A C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	20WNS70000 20WBR70001	5/1/2021 5/1/2021	5/1/2022 5/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 20WNS7000 - Workers Compensation (Various Writing Company Names within the Hartford Fire Insurance Group apply based on the state of employment)
 ~~~ 20WBR70001 - Workers Compensation for Wisconsin ONLY

**ADDITIONAL INSURED & WAIVER OF SUBROGATION:** If your contract or lease requires additional insured wording or waiver of subrogation, the applicable policies above will honor that requirement, as long as the agreement is in place prior to a claim.

CERTIFICATES SHOULD BE OBTAINED BY ACCESSING THE FOLLOWING WEBSITE: [www.mcgriff.com/truisteoi](http://www.mcgriff.com/truisteoi)  
 NOTE: The website is case sensitive, so be sure to use all lower case letters when typing the web address.  
 See Attached...

|                                                                                                              |                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>As Per Your Specific Contract or Lease with BB&T/SunTrust/Now Truist<br>... | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                                                                              | AUTHORIZED REPRESENTATIVE<br>                                                                         |