

CALIFORNIA POLLUTION CONTROL FINANCING AUTHORITY

Office Location: 801 Capitol Mall, 2nd Floor Sacramento, CA 95814

Mailing Address: P.O. Box 942809 Sacramento, CA 95814 p (916) 654-5610 f (916) 657-4821 cpcfa@treasurer.ca.gov MEMBERS

JOHN CHIANG, CHAIR State Treasurer

> BETTY T. YEE State Controller

MICHAEL COHEN Director of Finance

EXECUTIVE DIRECTOR Reneé Webster-Hawkins

<u>Capital Access Loan Program (CalCAP)</u> <u>Recapture Participation Form</u>

(the "Participating Financial Institution" or "PFI") hereby
elects to participate in the Recapture process under California Code of Regulations, title 4, §8073(g)(4), which provides in part:
"For Loss Reserve Accounts established before August 15, 2017, each Participating Financial Institution shall affirm in writing its election to continue enrolling loans in the Program subject to Recapture applicable to Contributions for all past and future Qualified Loans. This election may not later be withdrawn by the Participating Financial Institution. Any Participating Financial Institution that does not affirm this election in writing will be deemed ineligible to submit loan enrollments on or after August 15, 2017. Nevertheless, Qualified Loans enrolled before August 15, 2017 will be supported by the Loss Reserve Account and the Participating Financial Institution will be eligible for claim reimbursement pursuant to Section 8074 for the previously enrolled Qualified Loans until maturity."
We affirm our participation in the Recapture for the CalCAP Program(s) selected below:
□ California Capital Access Program for Small Business
□ CalCAP / ARB On-Road Heavy Duty Vehicle Air Quality Loan Program
By signing below, I certify on behalf of the Participating Financial Institution the PFI's election to participate in the Recapture for all Loss Reserve Accounts currently established for each CalCAP Program selected above, and the PFI will comply with CalCAP Regulations, including provisions pertaining to Recapture, so that the PFI may continue to enroll Qualified Loans in the CalCAP Program(s) on or after August 15, 2017. I understand that this election may not later be withdrawn.

(Authorized Representative Name and Title)

(Participating Financial Institution)

(Signature)

(Date)