

**TRUSTEE FEE PROPOSAL SCHEDULE  
FIXED RATE – per SERIES**

**ISSUE: Dormitory Authority of the State of New York**  
**Name of Resolution**  
**adopted Date (or anticipated adoption date)**

Fill out all applicable data for estimated expenses on the schedule below that you would charge per fixed rate series of bonds. Responses to the proposed fee category should be limited to either a one-time or annual dollar value, or noted as fee waived, or not applicable. No response of “actual costs,” a per/transaction amount, or a percentage value will be accepted for any item. Initial fees will be paid at the time of the bond closing with receipt of an invoice. On-going costs should be billed on an annual basis.

	<u>Fee Description</u>	<u>Proposed Fee</u>
Initial Fees:	Initial Acceptance Fee	\$ _____
	Legal/Counsel Fees (Cap)	\$ _____
Annual Fees:	Administrative Fee	\$ _____
	Investment Transaction Fees	_____
	Wire Transfer Fees	_____
	Out of Pocket Expenses	_____
	Total Annual Fees	\$ _____
	Other (please identify):	
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

I understand that the detail above is a comprehensive list of estimated fees that my organization will be authorized to charge for a minimum of five years. Additional expenses incurred during the five-year time period that are not included in the above detail will not be reimbursed. Any request for a fee increase after the initial five-year period shall be submitted in writing, and is subject to review and approval by an Authorized Officer of the Authority. The Consumer Price Index for the applicable region shall be used as a guide for any fee adjustment request.

\_\_\_\_\_

Date                      Authorized Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Bank Name