



Delegation of Authority – Supplemental

The undersigned, signers of the Institution named below (the "PFI"), hereby delegate the authority previously granted to the undersigned by the PFI's Board of Directors to conduct transactions with the Federal Home Loan Bank (the "Bank") as certified in that certain **Resolution for Mortgage Partnership Finance® Program** dated _____ ("Resolution") to each officer, employee or authorized person of the PFI ("Designated Person") named in this Delegation of Authority, each acting individually, solely for the purpose(s) designated for each such person beside his or her name. The Bank shall be entitled to rely on any action taken within the scope of this delegation by any such Designated Person. Only the Designated Persons designated as Security Administrators shall have the authority to further delegate their powers as set forth in section (3)(b) of the Resolution; all other Designated Persons shall not have the authority to further delegate the powers designated herein.

This Delegation of Authority supplements all prior Delegations of Authority by the PFI with respect to the Mortgage Partnership Finance Program on file with the Bank and shall be in full force and effect and binding upon the PFI until written notice of its rescission is delivered to the Bank and the Bank has been afforded a reasonable opportunity to act on such notice.

NOTE: Authorization signatures below must be on file with the Bank as authorized by the PFI's Board of Directors to conduct transactions under the Mortgage Partnership Finance Program.

Institution Name

PFI #

Signature of Signer: _____

Signature of Signer: _____

Typed Name and Title: _____

Typed Name and Title: _____

Date: _____

Date: _____

Delegation of Authority

For the period beginning (MM/DD/YY): _____

PFI Name: _____

PFI Number: _____

Authorizations

Name: _____

Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Signature: _____

Provide business address if different from PFI's main address:

Business Address: _____

City, State: _____

Zip code: _____

Notes:

- Sign PFI Agreement/Amendments **(signature required)**
- Sign Master Commitment (MC) **(signature required)**
- Security Administrator (MPF Direct) (two individuals required)
- eMPF® Access - (e-mail address required)
- Request Delivery Commitments (DC) (select eMPF access for website transactions - recommended)
- Make Funding Request (select eMPF access for website transactions - recommended)
- Submit Batch (e-mail address and eMPF access are required)
- Loan Presentment (select eMPF access for website transactions - recommended)
- Request Servicing Transfer (eMPF access is required)
- Act as QC Contact
- Send Reporting to Master Servicer

Authorizations

Name: _____

Title: _____

Phone: _____

Fax: _____

E-Mail: _____

Signature: _____

Provide business address if different from PFI's main address:

Business Address: _____

City, State: _____

Zip code: _____

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