## MORTGAGE PARTNERSHIP FINANCE® PROGRAM FEDERAL HOME LOAN BANK OF DES MOINES



## **Security Administrator Delegation of Authority**

The undersigned, signers of the Institution PFI's Board of Directors to conduct transfer Partnership Finance® Program datedSecurity Administrator Delegation of Autosuch person beside their name, who has website: user creation and activation/deeMPF access and transaction authorities to rely on any action taken within the so to further delegate their powers as set for	sactions with the Federal Home Loa ("Resolution") to thority ("SA Delegation of Authority" we the ability to perform the following eactivation, user information updates is (Delivery Commitment creation, loacope of this delegation by any such	n Bank (the "Bank") as certified in each officer, employee or authorized, each acting individually, solely for a functions via MPF-related electrons (name, email address, etc.) and upon funding, etc.) ("Security Administrator. Security Administrator. Security Administrator.	that certain Resolution for Mortgage ed person of the PFI named in this r the purpose(s) designated for each onic platforms, such as the eMPF ser authorization updates such as strator"). The Bank shall be entitled
This SA Delegation of Authority may eith	ner supplement or supersede any pr	ior SA Delegation of Authority by ch	necking the applicable box below:
This SA Delegation of Authority will Partnership Finance Program. Any Secu Delegation of Authority willlose their Aut Delegation of Authority, or (ii) your org.  This SA Delegation of Authority will the Mortgage Partnership Finance Progradelivered to the Bank and theBank has of Authority will remain in full force and previous Delegation of Authority.	rity Administrator under apreviously thority after this Delegation is execu ganization would like to supersed supplement all prior SA Delegations ram, and shall be in full forceand efficien afforded a reasonable opportu	executed SA Delegation of Authorited. (If: (i) this is your organization approximate a prior SA Delegation of Authority by the PFI andon file yet and binding upon the PFI until your ty to act on such notice. The previous	ty, unless included in this SA on's first time using this SA rity, you should select this option). with the Bank with respect to written notice of its rescission is riously executed SADelegations
NAME	TITLE	PHONE	EMAIL
NAME	TITLE	PHONE	EMAIL
NAME	TITLE	PHONE	EMAIL
NAME	TITLE	PHONE	EMAIL

Institution Name	PFI #
Signature of Signer	Date
Typed Name and Title	
Signature of Signer	Date
Typed Name and Title	

the Mortgage Partnership Finance Program.

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