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 transpartnership 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 Loan B	ank (the "Bank") as certified in th officer, employee or authorize ach acting individually, solely fo unctions via MPF-related electro ame, email address, etc.) and u funding, etc.) ("Security Adminic	that certain Resolution for Mortgage ed person of the PFI named in this or the purpose(s) designated for each onic platforms, such as the eMPF user authorization updates such as strator"). The Bank shall be entitled
This SA Delegation of Authority may eith	ner supplement or supersede any prior	SA Delegation of Authority by cl	hecking the applicable box below:
This SA Delegation of Authority will Partnership Finance Program. Any Secu Delegation of Authority willlose their Authority, or (ii) your org. This SA Delegation of Authority will the Mortgage Partnership Finance Program delivered to the Bank and the Bank has of Authority will remain in full force and previous Delegation of Authority.	rity Administrator under apreviously extensity after this Delegation is executed ganization would like to supersede a supplement all prior SA Delegations of ram, and shall be in full forceand effect been afforded a reasonable opportunity	ecuted SA Delegation of Authorical (If: (i) this is your organization of Authorical Prior SA Delegation of Authorical Authority by the PFI andon file and binding upon the PFI until to act on such notice. The prevention	ity, 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 viously 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