

EXHIBIT D

DESIGNATION OF PERSONS AUTHORIZED WITH REGARD TO FEDERAL HOME LOAN BANK OF BOSTON CORRESPONDENT SERVICES - **SAFEKEEPING**

To the Federal Home Loan Bank of Boston (hereinafter the "Bank").

I, 1. Individual listed on the Secretary/Clerk's Certificate (Name) certify that I am 2. Individual title listed on the Secretary/Clerk's (Title) of

3. Name of institution (Member), 4. Docket number of institution (Docket #)

5. Location of institution (City), (State), (hereinafter, "Member") and I declare as follows:

Pursuant to the authority delegated to me by resolution of the Board of Directors of Member dated 6. Board meeting date per the Secretary/Clerk's Certificate I hereby designate the following officers or employees of Member as the persons authorized to act on behalf of Member with regard to Member's access to, and use of:

Bank's Safekeeping Services, to the extent indicated in the Table of Authorizations below:

<u>TABLE OF AUTHORIZATIONS</u>				
		Check all authorization boxes that apply		
<u>Name:</u> <u>Title:</u>	<u>Telephone:</u> <u>E-mail:</u>	<u>Access to Information</u>	<u>Issue Instructions</u>	<u>Approve Instructions</u>
<div style="border: 1px solid red; padding: 5px; margin-bottom: 5px;"> 7. List all current & new individuals authorized to access information, create & approve instructions. Note; This form supersedes all prior versions. </div>		Offline	Offline	Offline
		Online	Online	Online
		Offline	Offline	Offline
		Online	Online	Online
		Offline	Offline	Offline
		Online	Online	Online
		Offline	Offline	Offline
		Online	Online	Online
		Offline	Offline	Offline
		Online	Online	Online

For purposes of this Designation, the following definitions shall apply:

“**Online**” means the conduct of the relevant activity via the Bank’s Internet Portal Services.

“**Offline**” means the conduct of the relevant activity via all other means permitted by the Bank, including in writing or via facsimile, telephone or wire.

“**Access to Information**” means the authority to access all information relevant to Member use of the Bank’s services, including reports and transaction information.

“**Issue Instructions**” means the authority to instruct the Bank with regard to Member’s use of the noted services.

“**Approve Instructions**” means the authority to approve or authenticate instructions with regard to Member’s use of noted services.

All other terms shall be defined as indicated on the Correspondent Services Agreement in effect between the Bank and Member, to the extent defined therein.

This Designation can be revoked or amended only through the valid execution of a replacement Designation submitted by Member and accepted by the Bank. The submission and acceptance of a replacement Designation shall result in a total revocation of this Designation.

An executed counterpart of this Designation delivered by the Member to the Bank by electronic transmission, whether fax, email or otherwise, shall be as effective as a manually executed original for all purposes whatsoever.

Dated: _____

8. Individual referenced on page 1 that delegated the authorized individuals.

By: _____ (Signature)

(Printed Name)

(Title)