

SCHEDULE A

FHLB Direct Access to Account Information User Authorization and Primary Contact Designation

Institution Name _____ (“Member” or “You”)

Institution’s Notice Address (no P.O. Boxes) _____

City _____ State _____ Zip _____ Member Docket # _____

FHLB Direct Primary Contact Tel #: _____, and Fax # _____.

All terms defined in the FHLB Direct Services Agreement shall have their respective meanings herein, except as otherwise defined herein. By executing this FHLB Direct User Authorization and Primary Contact Designation (“User Authorization”), you, the Member, authorize your employee(s) identified below, by a check in the Add column, to use the FHLB Direct, the account access services, on your behalf. These employees will have full access to your account information that is available on FHLB Direct. This User Authorization is limited to granting access to information and does not give any of your employees authority to engage in online transactions using FHLB Direct. You may also use this form to take away account access authorization from any employee by checking the box in the “Delete” column next to that employee’s name. And, you may update the information about any employee identified by checking the box in the “Modify” column.

By executing this User Authorization, Member also designates the individual named as FHLB Direct primary contact, above, to accept all notices relating to FHLB Direct, the Agreement, and the Service Guide, on behalf of Member, in accordance with the terms of the Agreement.

Add	Modify	Delete	Name	Title	Email Address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FHLB Direct Primary Contact)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

To add additional users, attach additional, fully executed copies of this page.

This User Authorization is a part of the FHLB Direct Services Agreement between the Member and the Bank. By signing below, the executing officer of Member certifies that he or she is fully authorized and empowered to amend the FHLB Direct Services Agreement and to effect the authorizations and other changes intended by this User Authorization. This User Authorization shall be effective when delivered to the Bank’s Operations Department in accordance with Sections 1.03, 5.04, and 5.05 of the FHLB Direct Services Agreement.

Member Name

Signature of authorized officer

Name: _____

Title: _____

Date: _____