

Supplement A – Application for Advance

Depository Institution Members



Date of Request: _____

Member Name: _____

Member Docket Number: _____

Purpose of Advance: _____

Advance Amount Requested: \$ _____

Advance Term Requested: _____

Expected Disbursement Date: _____

If renewal of maturing advance, original effective date and dollar amount: _____

Current Financial Data

As of Date: _____

Outside borrowings: _____ Tangible Capital: _____

Assets pledged to other creditors¹: _____ Total Assets: _____

Financial Projections (next 4 quarters):

	QTR ____	QTR ____	QTR ____	QTR ____
Expected Advances:	_____	_____	_____	_____
Term of Advance:	_____	_____	_____	_____
Net Income:	_____	_____	_____	_____
Assets:	_____	_____	_____	_____
Tangible Capital:	_____	_____	_____	_____
FHLB Advances Balance:	_____	_____	_____	_____
Reverse REPOs:	_____	_____	_____	_____
Brokered Deposits:	_____	_____	_____	_____
Total Borrowings:	_____	_____	_____	_____

Has your institution been affected by any material action/event (e.g. change in control, senior management change, regulatory action, accounting change, restatement of financials, etc.) during the past six months? ____ If yes, please describe _____

Does management expect the institution to be affected by any material action/event during the next six months? ____ If yes, please describe: _____

The undersigned represents and warrants that the information contained in this Supplemental A is complete, correct, and accurate, to the best of his or her knowledge.

Name: _____

Title: _____

Phone #: _____

¹ Includes assets pledged to the Federal Reserve Banks under a borrower-in-custody or other lending programs.