

**SUPPLEMENT A TO
APPLICATION FOR ADVANCE
FOR MEMBERS IN CATEGORY 3 (DELIVERY STATUS)**

Date of request _____

| | | | |
|-------------|------|-------|---------------|
| Institution | City | State | Docket number |
|-------------|------|-------|---------------|

() Request for disbursement () Request for commitment (30-day to 90-day commitment period)

Expected disbursement date _____

Advance amount requested _____

Term requested _____

ADVANCE PROGRAM REQUESTED (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Variable Rate <input type="checkbox"/> Fixed Term and Rate <input type="checkbox"/> Adjustable Rate <input type="checkbox"/> Prime Floating Rate <input type="checkbox"/> LIBOR Floating Rate | <input type="checkbox"/> Callable <input type="checkbox"/> New England Housing Fund <input type="checkbox"/> Community Development Advance <input type="checkbox"/> Affordable Housing Program |
|--|---|

ADVANCE PURPOSE (Check one)

- | | |
|---|--|
| (1) Withdrawal, reason | |
| (2) Pay off borrowings other than Federal Home Loan Bank | |
| (3) Self-originated one- to four-family mortgages to hold | |
| (4) One- to four-family mortgages for secondary market | |
| (5) Purchase whole loans | |
| (6) Investment arbitrage (risk controlled) | |
| (7) Commercial real estate, project: | |
| (8) Other commercial and construction loans | |
| (9) Consumer loans | |
| (10) Other | |

[If necessary to provide answers to any of the questions on Supplemental A, attach a separate sheet that references the applicable question(s).]

Purpose of advance:

When is advance expected to be repaid?

Source of repayment:

SUPPLEMENT A TO APPLICATION FOR ADVANCE FOR MEMBERS IN CATEGORY 3 (cont'd)

DISBURSEMENT OF PROCEEDS

New money
(to IDEAL Way Account) \$ _____

Renewal of maturing advance \$ _____

(Original effective date of maturing advance)

DATA FOR MEMBER INSTITUTION (Dollars in thousands)

Outside borrowings \$ _____

Assets pledged to other creditors¹ \$ _____

Tangible capital \$ _____ As of _____
(month/day/year)

Total assets \$ _____

ADVANCES NEEDS AND FINANCIAL PROJECTIONS OVER THE NEXT FOUR QUARTERS

(Dollars in thousands)

Please indicate quarter end date:

| | QTR | QTR | QTR | QTR |
|---|----------|-------|-------|-------|
| Amount of Advance | | | | |
| (New money requested) | \$ _____ | _____ | _____ | _____ |
| Purpose | _____ | _____ | _____ | _____ |
| Type of advance | _____ | _____ | _____ | _____ |
| Term of advance | _____ | _____ | _____ | _____ |
| Financial Projections | | | | |
| Net income | \$ _____ | _____ | _____ | _____ |
| Federal Home Loan Bank advances (balance) | \$ _____ | _____ | _____ | _____ |
| Reverse REPOS | \$ _____ | _____ | _____ | _____ |
| Total borrowings | \$ _____ | _____ | _____ | _____ |
| Brokered deposits | \$ _____ | _____ | _____ | _____ |
| Tangible capital | \$ _____ | _____ | _____ | _____ |
| Regulatory capital | \$ _____ | _____ | _____ | _____ |
| Assets | \$ _____ | _____ | _____ | _____ |

Please describe potential sources of liquidity other than Federal Home Loan Bank of Boston advances.

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

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If management expects to issue a press release in the near future, please describe the nature of the release (earnings, regulatory action, other) and the expected impact of the release.

Has your institution been materially affected in the recent past, or does management expect the institution to be materially affected within the next six months by any of the following events?
Please check the appropriate response.

| | Yes | No |
|---|-------|-------|
| Change in control | _____ | _____ |
| Management change | _____ | _____ |
| Asset classifications | _____ | _____ |
| Asset/liability management or mark-to-market transactions | _____ | _____ |
| Other | _____ | _____ |

If the answer to any of the above questions is "yes," please describe the event in detail, and the actual or expected impact on your institution. Also, if appropriate, please describe how the change may impact your borrowing status with the Federal Home Loan Bank (per our most recent Product Policy).

If the institution is experiencing deposit withdrawals, please describe the amounts and timing of the withdrawals.

Does the institution have sufficient qualified collateral available to secure Federal Home Loan Bank of Boston advances?

If the advance is for new money, please describe the source of the collateral that will secure the advance.

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

Name (please print or type)

Authorized signature

Title