FHLBBoston
Refundable Public Deposit Letter of Credit Certification Form

Please complete this Certification Form within 5 business days of the Expiration Date of the Refundable Public Deposit Letter of Credit (the "Refundable LOC") and fax to 617-261-3327, Attention: Loan Operations. If this form is not received within 5 business days of the Expiration Date of the Refundable LOC, the fee reimbursement may be forfeited. The Federal Home Loan Bank of Boston (the "Bank") will process your request within 3 business days of receipt of this returned form. The refund will be credited to the Member's IDEAL Way Account. The High Balance Amount will be used to determine eligibility for the reimbursement. Only those authorized to enter into extensions of credit with the Bank may be permitted to sign this form as an Authorized Signatory. All capitalized terms not otherwise defined herein shall have the meanings assigned to them in the Reimbursement Agreement and the Refundable LOC Application.

Member Name (the "Member"): _____

Member Docket Number: _____

Letter of Credit Reference Number: _____

Original Public Unit Deposit LOC Amount: $ _____

Deposit Account Number: _____

High Balance Amount: _____

Date High Balance Amount Occurred:
_____

The Bank may, from time to time, require a Member to provide evidence in order to confirm deposit balances are true, accurate, and all eligibility requirements for a refund are in accordance to the Banks program guidelines. The Bank may request additional information when reviewing your request and may condition the refund of any Issuance Fees upon the receipt of such information. Applicable fees, including but not limited to draw fees, cancellation fees, and reimbursement fees, will apply as set forth in the Bank's LOC Pricing Schedule.

_____ Date: _____
[Name of Member]

By:_____
(Must be an authorized signatory)

Print Name: _____

Title:_____