

**SUPPLEMENT A TO
APPLICATION FOR ADVANCE
FOR MEMBERS IN DELIVERY STATUS**

Date of request _____

Institution	City	State	Docket number
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() 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"/> Callable |
| <input type="checkbox"/> Fixed Term and Rate | <input type="checkbox"/> New England Housing Fund |
| <input type="checkbox"/> Adjustable Rate | <input type="checkbox"/> Community Development Advance |
| <input type="checkbox"/> Prime Floating Rate | <input type="checkbox"/> Affordable Housing Program |
| <input type="checkbox"/> LIBOR Floating Rate | |

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 DELIVERY STATUS** (continued)

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
