<u>Delegation of Authority -- Supplemental</u>



The undersigned, signers of the Institution named below (the	
previously granted to the undersigned by the PFI's Board of D	
Federal Home Loan Bank (the "Bank") as certified in that cer	
Finance® Program dated	("Resolution") to each officer,
employee or authorized person of the PFI ("Designated Person o	
each acting individually, solely for the purpose(s) designated	•
name. The Bank shall be entitled to rely on any action taken	within the scope of this delegation by any
such Designated Person. Only the Designated Persons designated	nated as Security Administrators shall have
the authority to further delegate their powers as set forth in se	ection (3)(b) of the Resolution; all other
Designated Persons shall not have the authority to further dele	egate the powers designated herein.
This Delegation of Authority supplements all prior Delegation	ns of Authority by the PFI with respect to
the Mortgage Partnership Finance Program on file with the Ba	ank and shall be in full force and effect
and binding upon the PFI until written notice of its rescission	is delivered to the Bank and the Bank has
been afforded a reasonable opportunity to act on such notice.	
Institution Name	 PFI #
Signature of Signer	Date
Typed Name and Title	
Signature of Signer	Date
Typed Name and Title	

"Mortgage Partnership Finance," "MPF" and "eMPF" are registered trademarks and the "MPF Mortgage Partnership Finance" logo is a trademark of the Federal Home Loan Bank of Chicago.

(rev 12/15) 184704-4

Delegation of Authority



For the period	beginning (MM/DD/YY):	
PFI Name:		PFI #:
		Authorizations
Name:		Sign PFI Agreement/Amendments (signature required)
Title:		Sign Master Commitment (MC) (signature required)
Phone:		Security Administrator (MPF Direct) (two individuals required)
Fax:		eMPF® Access - (e-mail address required)
E-Mail:		Request Delivery Commitments (DC) (select eMPF access for website transactions – recommended)
Signature:		$\label{eq:make-power} Make\ Funding\ Request\ (\text{select eMPF access for website transactions} - \textbf{recommended})$
Provide business address if different from PFI's main		$Submit\ Batch\ (\text{e-mail address and eMPF access are } \mathbf{required})$
address:		Loan Presentment (select eMPF access for website transactions – recommended)
Business Address:		Request Servicing Transfer (eMPF access is required)
City, State:		Act as QC Contact
Zip code:		Send Reporting to Master Servicer
Notes:		sono reporting to riskour sor ricer
	1	

		Authorizations
Name:		Sign PFI Agreement/Amendments (signature required)
Title:		Sign Master Commitment (MC) (signature required)
Phone:		Security Administrator (MPF Direct) (two individuals required)
Fax:		eMPF® Access - (e-mail address required)
E-Mail:		Request Delivery Commitments (DC) (select eMPF access for website transactions – recommended)
Signature:		Make Funding Request (select eMPF access for website transactions – recommended)
Provide business address if different from PFI's main		Submit Batch (e-mail address and eMPF access are required)
address:		Loan Presentment (select eMPF access for website transactions – recommended)
Business		Request Servicing Transfer (eMPF access is required)
Address:		
City, State:		Act as QC Contact
Zip code:		Send Reporting to Master Servicer
Notes:		