Delegation of Authority -- Supplemental

The undersigned, signers of the Institution named below (the "PFI"), hereby delegate the authority previously granted to the undersigned by the PFI's Board of Directors to conduct transactions with the Federal Home Loan Bank (the "Bank") as certified in that certain ***Resolution*** *for Mortgage Partnership Finance® Program* dated_____ ("Resolution") to each officer, employee or authorized person of the PFI ("Designated Person") named in this Delegation of Authority, each acting individually, solely for the purpose(s) designated for each such person beside his or her 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 as Security Administrators shall have the authority to further delegate their powers as set forth in section (3)(b) of the Resolution; all other Designated Persons shall not have the authority to further delegate the powers designated herein.

This Delegation of Authority supplements all prior Delegations of Authority by the PFI with respect to the Mortgage Partnership Finance Program on file with the Bank 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.

NOTE: Authorization signatures below must be on file with the Bank as authorized by the PFI's Board of Directors to conduct transactions under the Mortgage Partnership Finance Program.

Institution Name	PFI #
Signature of Signer	Date
Typed Name and Title	
Signature of Signer	Date
Typed Name and Title	

Delegation of Authority

For the period beginning (MM/DD/YY):	
PFI Name:	PFI #:

		Authorizations
Name:		**Add / Remove**
Title:		☐ ☐ Sign PFI Agreement/Amendments (ink signature required)
Phone:		☐ ☐ Sign Master Commitment (MC) (ink signature required)
Fax:		☐ ☐ eMPF® Access (e-mail address required)
E-Mail:		☐ ☐ Request Delivery Commitments (DC) (eMPF required)
Ink Signature:		☐ ☐ Make Funding Request (eMPF required)
		☐ ☐ Submit Batch (eMPF required)
Provide business address if different from PFI's main address:		☐ ☐ Loan Presentment (eMPF required)
Business Address:		☐ ☐ Request Servicing Transfer (eMPF required)
City, State:		☐ ☐ Send Reporting to Master Servicer
Zip code:		☐ ☐ Act as QC Contact
Notes:		☐ ☐ eMAQCS®plus Access - Quality Control
		☐ ☐ eMAQCS®plus Access - Servicing/Default
		☐ Deactivate User

		Authorizations
Name:		**Add / Remove**
Title:		☐ ☐ Sign PFI Agreement/Amendments (ink signature required)
Phone:		☐ ☐ Sign Master Commitment (MC) (ink signature required)
Fax:		☐ ☐ eMPF® Access (e-mail address required)
E-Mail:		☐ ☐ Request Delivery Commitments (DC) (eMPF required)
Ink Signature:		☐ ☐ Make Funding Request (eMPF required)
		☐ ☐ Submit Batch (eMPF required)
Provide business address if different from PFI's main address:		☐ ☐ Loan Presentment (eMPF required)
Business Address:		☐ ☐ Request Servicing Transfer (eMPF required)
City, State:		☐ ☐ Send Reporting to Master Servicer
Zip code:		☐ ☐ Act as QC Contact
Notes:		☐ ☐ eMAQCS®plus Access - Quality Control
		☐ ☐ eMAQCS®plus Access - Servicing/Default
		☐ Deactivate User