

Institution Information

Institution Name (As it appears on your institution's charter)		Website Address	
Home Office Street Address		City	
County	State	Zip	Zip Extension
Mailing Address (May be Corporate Office or Post Office Box)			
City		State	Zip Extension

Contact Information

Primary Contact		Title
Telephone Number	Fax Number	Email Address
Managing Officer (CEO)		Title
Telephone Number	Fax Number	Email Address
CFO		Title
Telephone Number	Fax Number	Email Address

General Information

Company Code	Company Type	Annual Filing Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
State of Domicile	Date Commenced Operations (mm/dd/yy)	Fiscal Year End
Group Name	Group Code	Tax ID
State or Other Regulator/Examiner	Last Examination Date (mm/dd/yy)	Regulator Who Conducted Last Survey
Annual Statement Combined? If Yes, Name of Combined Institution <input type="checkbox"/> Yes <input type="checkbox"/> No Name:		External Credit Rating (If none, leave blank.) _____ Fitch Rating _____ S&P Rating _____ Other

Are there any creditors or other entities that possess a security interest or lien on assets of your institution that may be pledged to the Bank?
(Please review relevant agreements before answering)

☐ Yes ☐ No

If Yes, please describe the type of lien (blanket or specific), the assets encumbered, and the name of the creditor that was granted a security interest.

Has your institution been a member of any FHLBank within the past five years?

☐ Yes ☐ No

If Yes, please indicate the FHLBank(s) and date(s) and reason for membership termination.

Has your institution been involved in any merger transaction within the past six months?

☐ Yes ☐ No

If Yes, please describe the nature of the transaction, including the name of the institution(s) involved, the original state(s) of incorporation, and the date of the merger.

Has your institution had any name change within the past six months?

☐ Yes ☐ No

If Yes, please identify the previous name(s), and the date of the name change(s).

Adjusted Net Income: Last six quarters of net income excluding extraordinary items (starting from most recent quarter)

(\$ in 000's)		As of Quarter Ending	(\$ in 000's)		As of Quarter Ending
1.	\$		4.	\$	
2.	\$		5.	\$	
3.	\$		6.	\$	

Risk-Based Capital Ratio: At prior three yearends

As of Year Ending	(\$ in 000's)
1.	\$
2.	\$
3.	\$

Combined Ratio: For prior three yearends

As of Year Ending	(\$ in 000's)
1.	\$
2.	\$
3.	\$

Investment Yield: For prior three yearends

As of Year Ending	(\$ in 000's)
1.	\$
2.	\$
3.	\$

Makes Long-Term Home Mortgage Loans: An institution must originate or purchase home mortgage loans with an original term-to-maturity of five years or more to become a member of the Bank. Home mortgage loans may include first lien residential mortgage loans, home equity loans, and mortgage-backed securities.

Maximum term offered on home mortgage loans: _____ years amortized over _____ years.

For FHLB Use Only

Docket Number	Date of FHLBSF Approval	Relationship Manager
Credit Analyst		Collateral Asset Manager