

Delegation of Authority



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 the ertain Resolution for Mortgage Partnership Finance® Program dated A 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. The Designated Persons shall not have the authority to further delegate the powers designated herein.

This Delegation of Authority rescinds and supersedes 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.

<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">B</div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">C</div>
_____ Institution Name	_____ Member #
_____ Signature of Signer*	_____ Date <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div>
_____ Typed Name and Title	
_____ Signature of Signer*	_____ Date
_____ Typed Name and Title	

To complete the Delegation of Authority (DOA) follow the steps listed below:

- A. Insert the date from the Resolution.
- B. Insert the Member's name.
- C. Insert the Member's number.
- D. The number of required signatures is determined by the MPF PFI Resolution. If the Member's Board of Directors requires one authorized signer then only one signature is needed. If the Member's Board of Directors requires two authorized signers then two signatures are needed. Insert today's date.
- E. Insert the correct number of pages. (Note: Page 1 of 2)

* This is a fillable PDF, most responses may be typed prior to printing for signatures

Delegation of Authority



For the period beginning (MM/DD/YY): ¹ A	
Member Name: B	Member #: C
Authorization	
Name: D	<input type="checkbox"/> Sign PFI Agreement/Amendments (signature required)
Title:	<input type="checkbox"/> Sign Master Commitment (MC) (signature required)
Business Address:	<input type="checkbox"/> eMPF® Access - (e-mail address required) View only or select below for additional transaction authorization
City, State, ZIP:	<input type="checkbox"/> Request Delivery Commitment (DC) - (select eMPF Access for website transactions - recommended)
Phone: () - Ext.	<input type="checkbox"/> Make Funding Request - (select eMPF Access for website transactions - recommended)
Fax: () -	<input type="checkbox"/> Submit Batch (e-mail address and eMPF access are required)
E-Mail:	<input type="checkbox"/> Loan Presentation Submission - (select eMPF Access for website transactions - recommended)
Signature: E	<input type="checkbox"/> Request Servicing Transfer (eMPF access is required)
Notes:	<input type="checkbox"/> Act as QA Contact
	<input type="checkbox"/> Send Reporting to Master Servicer
	Contact for Collateral Files:
	<input type="checkbox"/> Initial Certification (execution of Post Closing form required)

Authorization	
Name:	<input type="checkbox"/> Sign PFI Agreement/Amendments (signature required)
Title:	<input type="checkbox"/> Sign Master Commitment (MC) (signature required)
Business Address:	<input type="checkbox"/> eMPF Access - (e-mail address required) View only or select below for additional transaction authorization
City, State, ZIP:	<input type="checkbox"/> Request Delivery Commitment (DC) - (select eMPF Access for website transactions - recommended)
Phone: () - Ext.	<input type="checkbox"/> Make Funding Request - (select eMPF Access for website transactions - recommended)
Fax: () -	<input type="checkbox"/> Submit Batch (e-mail address and eMPF access are required)
E-Mail:	<input type="checkbox"/> Loan Presentation Submission - (select eMPF Access for website transactions - recommended)
Signature:	<input type="checkbox"/> Request Servicing Transfer (eMPF access is required)
Notes:	<input type="checkbox"/> Act as QA Contact
	<input type="checkbox"/> Send Reporting to Master Servicer
	Contact for Collateral Files:
	<input type="checkbox"/> Initial Certification (execution of Post Closing form required)

This page may be duplicated as needed.

To complete the Delegation of Authority (page 2) follow the steps listed below:

- A. Insert the effective date of authority.
- B. Insert the Member's name.
- C. Insert Member's number.
- D. Insert first and last name, title, business address, city, state, zip code, phone number, extension, fax number, e-mail address.
- E. If authorized to sign PFI Agreements/Amendments and/or Master Commitments, a signature is required.
- F. Check or click box if designated employee can sign the PFI Agreements.
- G. Check or click if designated employee can sign the Master Commitment. (Note: The Master Commitment is required to lock and fund loans with MPF Bank)
- H. Check or click the appropriate boxes for the tasks the designated employee will be required to complete in eMPF.
- I. Check or click box if designated employee will need to have the ability to rate lock loans.
- J. Check or click box if designated employee will need the ability to request loan funding.

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Form 940-003 (rev 10/09/13) Page ___ of ___

Delegation of Authority



For the period beginning (MM/DD/YY): ¹	
Member Name:	Member #:
Authorization	
Name:	<input type="checkbox"/> Sign PFI Agreement/Amendments (signature required)
Title:	<input type="checkbox"/> Sign Master Commitment (MC) (signature required)
Business Address:	<input type="checkbox"/> eMPF® Access - (e-mail address required) View only or select below for additional transaction authorization
City, State, ZIP:	<input type="checkbox"/> Request Delivery Commitment (DC) - (select eMPF Access for website transactions - recommended)
Phone: () - Ext.	<input type="checkbox"/> Make Funding Request - (select eMPF Access for website transactions - recommended)
Fax: () -	<input type="checkbox"/> <input type="checkbox"/> Batch (e-mail address and eMPF access are required)
E-Mail:	<input type="checkbox"/> Loan Presentation Submission - (select eMPF Access for website transactions - recommended)
Signature:	<input type="checkbox"/> Request Servicing Transfer (eMPF access is required)
Notes:	<input type="checkbox"/> Act as QA Contact <input type="checkbox"/> N
	<input type="checkbox"/> Send Reporting to Master Servicer
	Contact for Collateral Files:
	<input type="checkbox"/> Initial Certification (execution of Post Closing form required)

Authorization	
Name:	<input type="checkbox"/> Sign PFI Agreement/Amendments (signature required)
Title:	<input type="checkbox"/> Sign Master Commitment (MC) (signature required)
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City, State, ZIP:	<input type="checkbox"/> Request Delivery Commitment (DC) - (select eMPF Access for website transactions - recommended)
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Signature:	<input type="checkbox"/> Request Servicing Transfer (eMPF access is required)
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Continued: To complete the Delegation of Authority (page 2) follow the steps listed below:

- K. Check or click box if designated employee will need the ability to submit loans in a batch using ULDD format.
- L. Check or click box if designated employee will need the ability to enter loan data into eMPF.
- M. Check or click if designated employee will have the ability to request the servicing of loans transferred.
- N. Check or click box if designated employee is the contact for MPF Bank Quality Control.
- O. Check or click box if designated employee will be send reports to the Master Servicer. (Note: Reports are time sensitive)
- P. Check or click box if designated employee will be processing the notes and assignments for certification and resolving custody violations. (Note: These task are time sensitive)
- Q. Insert the correct number of pages. (Note: Page 2 of 2)

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Form 940-003 (rev 10/09/13)

Delegation of Authority

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 _____ 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. The Designated Persons shall not have the authority to further delegate the powers designated herein.

This Delegation of Authority rescinds and supersedes 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

Member #

Signature of Signer

Date

Typed Name and Title

Signature of Signer

Date

Typed Name and Title

Delegation of Authority

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Member Name:		Member #:
		Authorization
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