

Use this form to designate individuals to initiate wire transfers by telephone.

Institution Name

Pursuant to the authority granted to me by the Board of Directors (or appropriate committee thereof) of the above-named institution by resolution duly adopted on _____ and on file with the Federal Home Loan Bank of San Francisco ("Bank") ("Resolution"), I hereby designate the officers, employees, or agents of the institution listed below ("Designated Persons"), as authorized to act on behalf of the institution in initiating and confirming wire transfers from the institution's account, including, without limitation, the authority to sign documents (including electronic transmissions thereof) related thereto. The Bank shall be entitled to rely on any action taken by any Designated Person with respect to such transactions.

Institution ABA Number	Institution Online with FRB <input type="checkbox"/> Yes <input type="checkbox"/> No	Grant Debit Authority to Correspondent Bank <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Contact (<i>Must be a Designated Person</i>)		Correspondent Name
Street Address of Primary Contact		Correspondent ABA No.
Telephone Number	Email Address	Correspondent Telephone Number

Designated Persons

Signature	Name	Bank Use
Title	Email Address	
Telephone Number	Cell Phone Number	Dollar Limit (Optional)*

Signature	Name	Bank Use
Title	Email Address	
Telephone Number	Cell Phone Number	Dollar Limit (Optional)*

Signature	Name	Bank Use
Title	Email Address	
Telephone Number	Cell Phone Number	Dollar Limit (Optional)*

Signature	Name	Bank Use
Title	Email Address	
Telephone Number	Cell Phone Number	Dollar Limit (Optional)*

(Continued)

Signature		Name	Bank Use
Title		Email Address	
Telephone Number	Cell Phone Number	Dollar Limit (Optional)*	

Signature		Name	Bank Use
Title		Email Address	
Telephone Number	Cell Phone Number	Dollar Limit (Optional)*	

Signature		Name	Bank Use
Title		Email Address	
Telephone Number	Cell Phone Number	Dollar Limit (Optional)*	

* Empty Dollar Limit field indicates unlimited amount.

I hereby certify that the signatures appearing above are the true and correct signatures of the Designated Persons listed above.

This Certificate of Designated Persons—Wire Transfer Services rescinds and supersedes all prior Certificates of Designated Persons—Wire Transfer Services and shall remain in full force and effect and be binding upon this institution until (i) it is rescinded and superseded by a subsequent Certificate of Designated Persons—Wire Transfer Services or (ii) it is rescinded by written notice delivered to the Bank. The person authorizing this request should not be a Designated Person listed above.

Mail to FHLBank San Francisco, Attention: Portfolio Operations, 600 California Street, Suite 300, San Francisco, CA 94108.

Authorized Signature *(Authorized Person must be listed on the Resolution and Authorization: Member Transactions or the Resolution and Authorization: Housing Associate Transactions, as applicable)*

Name of Authorized Person	Date
Signature of Authorized Person	

Federal Home Loan Bank of San Francisco Use Only

Date Received	Received By	STA Number
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