

Website Access Manager Set-up

Complete this form to identify your institution's Access Manager(s) for the password-protected, members-only website at **fhlbsf.com**.

The following individual(s) are authorized to administer member web accounts, add and delete users, reset passwords, and lock or unlock accounts from your institution.

Name	Title	Institution Name	
Address		,	
City		State	ZIP Code
Telephone Number	Fax Number	Email	
Secondary Access Manager	(if necessary)	,	
Access Manager	Title	Institution Name	
Address	L		
City		State	ZIP Code
Telephone Number	Fax Number	Email	
Authorized Signature			
In signing this document, I agree to the	e terms noted above.	,	
Authorized Signature	Name of Authorized Person	Title	
Date	Telephone Number	Email	
Note: This form must be signed on be	chalf of the Member in accordance with the Member's	authorizations on file w	ith the Bank.
Fax the completed form to us at (41	5) 616-2613.		
If you need assistance, please cont	act Web Support at (415) 616-2610 or websuppor	t@fhlbsf.com.	

Federal Home Loan Bank of San Francisco Use Only

Date Received	Access Manager Setup / Email Sent	Account Complete