

The undersigned, on behalf of

## Authorization to Release Records Arizona

("F	inancial Institution") hereby certifies as follows:
1.	The undersigned is an officer of the Financial Institution and has been duly authorized by the Financial Institution to execute this Authorization to Release Records ("Authorization") on behalf of the Financial Institution.
2.	The Financial Institution hereby authorizes the Arizona Department of Financial Institutions ("DFI") to release DFI records pertaining to the Financial Institution to the Federal Home Loan Bank of San Francisco ("Bank"), pursuant to the requirements of A.R.S. 6-129.
3.	DFI records and information pertaining to the Financial Institution may include DFI examinations of Financial Institution, enforcement actions and memoranda of understanding between DFI and the Financial Institution.
4.	Financial Institution hereby authorizes DFI to release the records and information to the Bank at the same time such records and information are sent to the Financial Institution without additional requests by the Bank.
5.	This Authorization will remain effective until revoked in writing by the Financial Institution.

IN WITNESS WHEREOF, the undersigned has executed this Authorization on behalf of the Financial Institution.

Financial Institution		
Authorized Signature*	Name of Authorized Person	
Telephone Number	E-mail Address	
Authorized Signature*	Name of Authorized Person	
Telephone Number	E-mail Address	

<sup>\*</sup> This Authorization must be signed in accordance with the Financial Institution's authorizations on file with the Bank.