

## 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	E-mail Address
Managing Officer (CEO)		Title
Telephone Number	Fax Number	E-mail Address
CFO		Title
Telephone Number	Fax Number	E-mail Address

## General Information

NCUA Charter No.	Deposit Insurance Type (NCUSIF, Other)	Deposit Insurance Effective Date	Taxpayer I.D.
State of Incorporation	Incorporation Date	Charter <input type="checkbox"/> State <input type="checkbox"/> Federal	Charter Date
Federal Reserve System Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Commenced Operations	Fiscal Year End	
Sponsoring Entity (Largest 1-2 sponsors. Attach list of additional sponsors.)			
Federal Regulator/Examiner	State or Other Regulator/Examiner	Last Examination Date	
Regulator Who Conducted Last Survey			
Corporate Credit Union Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Corporate Credit Union Name		
Does the corporate credit union or any other entity have a blanket lien on any of your institution's assets? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, and only certain assets are covered, please attach a list of those assets.)			
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.) <input type="checkbox"/> Yes <input type="checkbox"/> 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 six months? ☐ Yes ☐ No

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

**Note to applicant:** Upon the Applicant's approval for membership, the Bank will file a UCC-1 Financing Statement that covers assets pledged to the Bank as collateral. Please note that before assigning borrowing capacity on collateral, the Bank requires a first priority lien position on pledged collateral.

**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.	\$	

**Classified Assets:** Data as of: \_\_\_\_\_ (the most recent quarter-end reported to the NCUA) (\$ in 000's)

Substandard	Doubtful	Loss
\$	\$	\$

**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