

STATEMENT OF RELATIONSHIP

If you are related by blood, adoption, or marriage to anyone employed by the Bank or a Member of the Board of Directors, please explain and include name(s), relationship(s) and department(s).

If not, select N/A.

☒ N/A(no) ☐ yes

Name _____

Relationship _____

Department _____

Name _____

Relationship _____

Department _____

Contingent Worker Name

Devin Rhode

Contingent Worker Signature



Date

12/15/2022 | 3:07 PM CST



STATEMENT OF PRIOR FEDERAL RESERVE EMPLOYMENT FOR INDEPENDENT CONTRACTORS/CONSULTANTS

Name: Devin Rhode

Part 1. Prior Federal Reserve Employment

Please Check One:

☐ I was previously an employee of a Federal Reserve Bank, the Board of Governors, the Office of Employee Benefits or the Consumer Financial Protection Bureau ("Federal Reserve System") (i.e., I worked for the Federal Reserve System and received a W2 tax form for the wages I received for that work.)

Last Period of employment if known:

Hire Date (Month/Year)	Termination Date (Month/Year)

☒ I have never been employed by the Federal Reserve System.

Part 2. Agreement and Certification:

I certify that the information provided above is true and correct to the best of my knowledge.

If I was previously an employee of the Federal Reserve System, I understand and agree that during the time that I provide services to the Federal Reserve Bank of Minneapolis as a consultant, temporary worker or any other independent contractor status, I may not take any withdrawal or distribution (including a rollover to another financial services provider) from the Federal Reserve System's Thrift Plan or Retirement Plan, including the Portable Cash Option (PCO).

Devin Rhode
Signature

12/15/2022 | 3:07 PM CST
Date

VOLUNTARY SELF-IDENTIFICATION FORM

RACE/ETHNICITY, DISABILITY, AND VETERAN STATUS

Completion of this data is voluntary and will not affect your terms or conditions of employment. This form will be used for reporting data to the Equal Employment Opportunity Commission. All data collected will be used for statistical reporting purposes and may be subject to disclosure under federal and state law or rule.

☐ FEMALE ☒ MALE ☐ I CHOOSE NOT TO SAY

SECTION I. Race / Ethnicity*

Your employer is required to record and report certain non-discrimination and affirmative action statistics. You are invited to voluntarily self-identify race/ethnicity. This information will be used according to the provisions of applicable federal laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights purposes. All race/ethnicity information is collected and reported in seven EEO-4 categories established by the federal government: (A) Asian; (B) Black; (H) Hispanic; (I) American Indian or Alaska Native; (P) Native Hawaiian or Other Pacific Islander; (T) Two or More Races; or (W) White.

If you choose to voluntarily self-identify, please mark the one box describing the race/ethnicity with which you identify:

☐ **American Indian or Alaska Native (I)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including central America), and who maintain a tribal affiliation or community attachment.

☐ **Asian (A)** (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **Black or African American (B)** (Non-Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
Hispanic or Latino (H): A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.

☐ **Native Hawaiian or Other Pacific Islander (P)** (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☒ **White (W)** (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **Two or more races (T)** (Non-Hispanic or Latino): Persons who identify with two or more racial categories name above.

☐ I choose not to say

SECTION II. Disability *(Provide this information is voluntary.)*

** If you choose to not self-identify your race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.*

ANTI-DISCRIMINATION NOTICE

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, color, religion, sex, national origin, disability, or veteran status.

The Equal Employment Opportunity Commission (EEOC) defines a covered disability under the Americans with Disabilities Act (ADA) as a physical or mental impairment that substantially limits one or more major life activities, a history of having such an impairment, or being regarded as having such an impairment.

Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. It can also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Under this definition, are you a person with a disability? _____ Yes ☒ No _____ I choose not to Say

Any requests for accommodation for current or future disabilities must go through your supervisor and human resources.

SECTION III. Veteran Status

Have you served in the United States Military Armed Forces? _____ Yes ☒ No _____ I choose not to say

Has your spouse served in the United States Military Armed Forces? _____ Yes ☒ No _____ I choose not to say