AUTHORIZED PERSONNEL FORM INSTRUCTIONS

(Please follow either Replacement or Amendment Instructions below)

I. Replacement Instructions

You should submit a replacement Authorized Personnel Form when all or most of the persons on your current form have left or changed positions. You may also wish to replace your current form when the number of amendments makes it difficult to determine who is currently authorized. We cannot honor a replacement to your current form unless a new form has been correctly submitted.

When you check the box at the top of the form marked "This replaces our current form," you are nullifying your current Authorized Personnel Form and any amendments to it. Only the persons you add to this form will have authority to act for your company as you designate. Any other currently authorized persons not listed on this form, will be removed from authority, *except for users of eAdvantage*. Only your eAdvantage Administrator(s) can enable or disable users of the private website.

> **PLEASE NOTE:** When completing the Authorized Personnel form, please be sure the Certification Statement at the bottom of page 1 is signed and dated by the Corporate Secretary from your institution (or any officer your company says can sign). Pages 1 and 2 must be received in our office to be deemed a complete form. Page 3 is only needed when you are adding a new eAdvantage Administrator. Page 4 is only needed when you want to update contact information or method of receiving notice of incoming wires.

Adding authorized personnel:

- ✓ **Check the box marked "This replaces our current form" at the top of the form on page 1.**
- ✓ Complete the customer name and address information at the top of page 1, and the verification box in the upper right corner of each page you submit.
- ✓ **Everyone listed on a replacement form must be an "Add". (Remove and Change columns do not apply on a Replacement form.)**
- ✓ Place an "X" in the **ADD** box located to the left of each individual you are adding in the Advances/Collateral and Wire Transfer/Safekeeping sections of the form.
- ✓ Type or print the name, title, direct telephone number, and e-mail address for each person added, in the appropriate spaces provided in each section.
- ✓ Place an "X" in the appropriate authorization boxes to the right of each individual added, in each section of the form.
- ✓ Write your eAdvantage Administrator(s) on the **"Add"** line(s) at the top of page two, in the eAdvantage Administrator section.
- ✓ If either of your eAdvantage Administrators is new, complete page three of the form for the new person(s).
- ✓ Please submit page 4 if you wish to:
  - ♦ make changes to contacts receiving incoming wire information via e-mail
  - ♦ or a phone number change for incoming wire information via fax
  - ♦ or if you wish to change the method by which we notify you of incoming wires

Fax the signed authorization form to Member Financial Services at 1.515.699.1245, and keep the original for your records.

II. Amendment Instructions

You should submit an *amended* Authorized Personnel form for any minor changes, as long as you do not have so many addendums that it becomes difficult to determine who is currently authorized. We cannot honor changes unless an amended form has been correctly submitted.

When you check the box at the top of the form marked "This is an addendum to our current form" your current form and all its amendments are still valid, except as you change them with this amendment. If you want to amend your current form, please see the instructions for adding, removing and changing personnel below. This form cannot be used to add, change or remove *users of eAdvantage.* Only your eAdvantage Administrator(s) can enable or disable users of the private website.

> **PLEASE NOTE:** When completing the Authorized Personnel form, please be sure the Certification Statement at the bottom of page 1 is signed and dated by the Corporate Secretary (or other authorized individual) from your institution. Pages 1 and 2 must be received in our office to be deemed a complete form. Page 3 is only needed when you are adding a new eAdvantage Administrator. Page 4 is only needed when you want to update contact information or method of receiving notice of incoming wires.

To Begin:

- ✓ **Check the box marked "This is an addendum to our current form"** at the top of the form on page 1.
- ✓ Complete the customer name and address information at the top of page 1, and the verification box in the upper right corner of each page you submit.

Adding authorized personnel:

- ✓ Place an "X" in the **ADD** box located to the left of each individual you are adding in each applicable section of the form.
- ✓ Type or print the name, title, direct telephone number, and e-mail address for each person added, in the appropriate spaces provided in each section of the form.
- ✓ Place an "X' in the appropriate authorization boxes to the right of each individual you are adding in each applicable section of the form.

Removing authorized personnel:

- ✓ Place an "X" in the **REMOVE** box located to the left of each individual you are removing in each applicable section of the form.
- ✓ Type or print the name of each individual you are removing in the appropriate spaces provided in each applicable section of the form.
- ✓ **Do not place an "X" in any boxes to the right. We will remove the person from all applicable authority in that section.**

Changing current authorized personnel's name or access:

- ✓ Place an "X" in the **CHANGE** box located to the left of each individual you are changing in each applicable section of the form.
- ✓ Type or print the name, title, direct telephone number, and e-mail address of each individual you are changing in the appropriate spaces provided in each applicable section of the form.

- ✓ Place an "X" in the appropriate authorization boxes to the right of each individual you are changing in each applicable section of the form.

  NOTE: For name changes, a brief note of explanation is very helpful (i.e.: Jane Brown formerly known as Smith.)

- ✓ Please submit page 4 if you wish to:
  - ♦ make changes to contacts receiving incoming wire information via e-mail,
  - ♦ or a phone number change for incoming wire information via fax
  - ♦ or if you wish to change the method by which you are currently notified of incoming wires

Fax the signed authorization form to Member Financial Services at 1.515.699.1245, and keep the original for your records.

Authorized Personnel Form

Please check one:

This **replaces** our current form ☐

This is an **addendum** to our current form ☐

Pages one and two constitute a complete form. All three pages are required only when you are adding a new eAdvantage Administrator. Page four is required to update incoming wire advice notification.

Customer # : ____

DDA #: _____

Signor's Initials: _____________________

Customer Name:	Telephone:	Fax:	Internet Address:

Street Address:	PO Box:	City:	State:	Zip:

Advances / AHP Grants & Collateral

(You may elect to provide titles in lieu of names for positions which are authorized to perform services, except eAdvantage Administrators and wire transfer personnel.)

ADD	REMOVE	CHANGE	Authorized Representative Name	Title	Telephone	Email	ADVANCES / AHP GRANTS: All Types	ADVANCES / AHP GRANTS: Fed Funds Only	ADVANCES / AHP GRANTS: AHP Grants Only	COLLATERAL: Pledge and Release: Sec	COLLATERAL: Pledge and Release: Mtgs
☐	☐	☐	1.				☐	☐	☐	☐	☐
☐	☐	☐	2.				☐	☐	☐	☐	☐
☐	☐	☐	3.				☐	☐	☐	☐	☐
☐	☐	☐	4.				☐	☐	☐	☐	☐
☐	☐	☐	5.				☐	☐	☐	☐	☐
☐	☐	☐	6.				☐	☐	☐	☐	☐
☐	☐	☐	7.				☐	☐	☐	☐	☐
☐	☐	☐	8.				☐	☐	☐	☐	☐
☐	☐	☐	9.				☐	☐	☐	☐	☐
☐	☐	☐	10.				☐	☐	☐	☐	☐

I certify that I am the Secretary (or other authorized individual) of the above named institution, and that the individuals identified herein are authorized to perform all acts necessary or customary for the services and products offered by the Home Loan Bank of Des Moines (Bank) as indicated by my mark placed in each individual authorization box related to eAdvantage, advances, AHP grants, collateral, wire transfers, or safekeeping and the Home Loan Bank of Des Moines may rely upon a faxed copy of this authorization card.

Signature: ______________________________________ Date:

Corporate Secretary or Authorized Individual

Authorized Personnel Form

Pages one and two constitute a complete form. All three pages are required only when you are adding a new eAdvantage Administrator. Page four is required to update incoming wire advice notification.

FHLB DES MOINES

Customer # : ____

DDA #: _____

Signor's Initials: ____________________

eAdvantage Administrators *		Title
ADD Administrator 1:		
ADD Administrator 2:		
REMOVE		
REMOVE		

* Each eAdvantage Administrator is authorized to perform functions and transactions **including advances** over the **Home Loan Bank eAdvantage System**, and each eAdvantage Administrator can enable others to perform functions and transactions **including advances** over the **Home Loan Bank eAdvantage System**

PLEASE NOTE: If you are **adding** a **new eAdvantage Administrator**, you must **also complete page 3** of this form.

Wire Transfer & Safekeeping

Please designate a Wire Transfer Account Officer. This is the individual to receive test key formulas, as well as the first person we contact if there are any problems regarding your wire transfer account or any possible fraudulent activity. You must also designate a Wire Transfer Reserve Account Officer. We will contact the Reserve Account Officer if the Wire Transfer Account Officer is unavailable.

ADD	REMOVE	CHANGE	Authorized Representative	Title	Telephone	Email	WIRE TRANSFERS: Initiate Out Rep	WIRE TRANSFERS: Initiate Out Non-Rep	WIRE TRANSFERS: Receive In	WIRE TRANSFERS: Verify Out	SAFEKEEP: Provide Instruction	SAFEKEEP: Pledge / Release
☐	☐	☐	1.				☐	☐	☐	☐	☐	☐
			(1. Wire Transfer Account Officer / Primary Contact)									
☐	☐	☐	2.				☐	☐	☐	☐	☐	☐
			(2. Wire Transfer Reserve Account Officer / Secondary Contact)									
☐	☐	☐	3.				☐	☐	☐	☐	☐	☐
☐	☐	☐	4.				☐	☐	☐	☐	☐	☐
☐	☐	☐	5.				☐	☐	☐	☐	☐	☐
☐	☐	☐	6.				☐	☐	☐	☐	☐	☐
☐	☐	☐	7.				☐	☐	☐	☐	☐	☐
☐	☐	☐	8.				☐	☐	☐	☐	☐	☐
☐	☐	☐	9.				☐	☐	☐	☐	☐	☐
☐	☐	☐	10.				☐	☐	☐	☐	☐	☐

New User Administrator Authorization Form

FHLB DES MOINES eAdvantage℠ **New User Administrator Authorization Form**	Customer # : ____ DDA # : _____ Signor's Initials: ________________

New User Administrator Information:

☐ Check this box only if this administrator will need access to data for **multiple** Home Loan Bank Customers.

Please Note: Each additional institution must complete this same form, naming the same User Administrator(s). You must check this box on each additional form too.

Each data field below must be completed.

User Administrator #1			**User Administrator #2**		
Mother's Maiden Name:			Mother's Maiden Name:		
Name:			Name:		
Title / Function:			Title / Function:		
E-mail Address:			E-mail Address:		
General Telephone # :		Ext:	General Telephone # :		Ext:
Direct Telephone # :		Ext:	Direct Telephone # :		Ext:
Company Name:					
Address 1:			Address 1:		
Address 2:			Address 2:		
City:	State:	Zip Code:	City:	State:	Zip Code:

Incoming Wire Transfer Advice Authorization

Member number: **Member Name:**

SELECT ONE ADVICE METHOD to receive notice of incoming wire transfers at the Federal Home Loan Bank of Des Moines:

(1) Email advice to a mailbox *or*
(2) Fax advice *or*
(3) Phone advice to authorized individuals *or*
(4) Please do not notify us of incoming wires

(1) ☐ Member elects to receive email advice of incoming wires:

________________________________ (email address – maximum of 3 addresses)

________________________________ (email address)

________________________________ (email address)

(2) ☐ Member elects to receive fax advice of incoming wires:

__________________________________ (fax number)

________________________________ (attention line information)

(3) ☐ Member elects to receive phone advice of incoming wires:

Same day phone advice will be provided to contacts at phone numbers listed on the Federal Home Loan Bank Authorized Personnel form in the Wire Transfer section.

(4) ☐ Member elects NOT to receive any type of advice of incoming wires.

Member hereby releases and holds harmless the Federal Home Loan Bank of Des Moines from any and all liability, which results directly or indirectly from the use of any phone, fax machine or email delivery to notify Member of funds received by the Federal Home Loan Bank of Des Moines on behalf of the Member via wire transfer(s).

Signed by: ____ Date:
Corporate Secretary (or other authorized person)