

SCHEDULE 1 Applicant Information

| Type of financial institution: Date of Incorporat | | | | Date of Incorporation: | |
|--|---|------------|--------|------------------------|-------------------------|
| Bank ☐ Thrift ☐ Credit Union ☐ Insurance Company ☐ Non-federally insured CDFI ☐ | | | | | |
| Legal Name of Institution: | | | | | |
| Street Address: PO Box: | | | | PO Box: | |
| City: | City: State: | | Count | County: Zip: | |
| President or CEO: | 1 | | Title: | | |
| Phone: | | | Email: | | |
| Application Contact Person: | | | Title: | | |
| Phone: | | | Email | : | |
| Federal Tax ID #: | | ABA #: | ı | FDIC, N | NCUA, NAIC or CDFI Fund |
| | | | | Certifica | te #: |
| Legal Entity Identifier (LEI) | #: | | | <u> </u> | |
| | | GENERAL IN | FORM | ATION | |
| List all mergers/acquisitions involving applicant during the past three years or any currently in process: | | | | | |
| Holding Company (if applicable): | | | City/S | State: | |
| Has applicant ever been a member of the Federal Home Loan Bank System: | | | | | |
| If YES, When? Attach a separate sheet describing the membership withdrawal. | | | | | |
| REGULATORY AND INDEPENDENT AUDIT INFORMATION | | | | | |
| Date of most recent regulatory exam: Regulator: | | | | | |
| Date of most recent CRA exam: | | | | Regulator: | |
| Describe any outstanding regulatory enforcement actions: | | | | | |
| Date of last external/indeper | Date of last external/independent audit: Name of audit/CPA firm: | | | | |



SCHEDULE 2

CALCULATION OF MINIMUM CAPITAL STOCK REQUIREMENT (Subject to verification of institution assets from most recent financial statements)

| APPLICANT NAME: | | |
|---|---|--|
| | | |
| 1. Total assets (as of most recent quarter end) | 1 | |
| 212% of total assets: line 1 x .0012 | 2 | |
| 3. Capital stock calculation (line 2 rounded to the next highest \$100) | 3 | |
| 4. Capital stock required* | 4 | |
| 5. Quarter Ending | 5 | |
| | | |

*If line 3 is less than \$10,000, use \$10,000 as a minimum requirement If line 3 is greater than \$10,000,000 use \$10,000,000 as maximum requirement Otherwise use line 3 as the capital stock required



APPLICANT NAME:

| ORIGINAL MATURITY | FIXED RATE | VARIABLE RATE | AMORTIZATION PERIOD |
|----------------------|--------------------------|------------------|------------------------|
| 5-Year Balloon | | | Years |
| 7-Year Balloon | | | Years |
| 10-Year | | | Years |
| 15-Year | | | Years |
| 30-Year | | | Years |
| Other | s martagaa_haekad saguri | ties: Yes No | |
| | garding home mortgage p | | |
| | Signature: _ | | |
| | Title: | | |



SCHEDULE 4 CERTIFICATION OF ADOPTED BOARD RESOLUTIONS

I certify that I am the duly elected, qualified and acting secretary of the above mentioned applicant and that at a regular

APPLICANT NAME:

| meeting of its board of directors/trustees or at a special meeting thereof called for that purpose, a quorum being present, a resolution was adopted, and recorded in the minutes as follows: |
|--|
| "BE IT RESOLVED, That this institution applies for membership in the Federal Home Loan Bank of Des Moines, that if approved for membership, it will subscribe and pay for stock therein as provided in the Federal Home Loan Bank Act, as amended, and that it be fully authorized to do business with, and exercise all of the privileges of membership in said Bank as provided in said Act; |
| BE IT FURTHER RESOLVED, That the president and secretary be authorized and directed to execute an application as prescribed by the Federal Housing Finance Agency and any other papers and documents required in connection therewith, to pay all expenses, to supplement said application with any additional relevant information that comes to this institution's attention following submission of application to the Bank, and to do all other things necessary or proper in connection with applying for, obtaining and retaining such membership privileges thereof as the said Agency may by subscribe." |
| I further certify that, pursuant to said resolution, the foregoing application for membership was duly executed and that any information and documents required by the Federal Housing Finance Agency are attached or accompany the same that said information is correct and said documents are true and correct copies of what the same purport to be. |
| Signature of Corporate Secretary: |

Title: _____



SCHEDULE 5 APPLICATION FOR MEMBERSHIP AND SUBSCRIPTION TO STOCK IN FHLB DES MOINES

| APPL | ICANT NAME: |
|-----------------------------|--|
| approv | plicant hereby applies for membership in the Federal Home Loan Bank of Des Moines (the "Bank"), and if red for membership, will purchase the required minimum amount of capital stock of the Bank. The undersigned wledges that such capital stock is issued and redeemed at its \$100 per share par value. |
| purcha applica The un | dersigned is of the opinion that the applicant is eligible to become a member of the Bank and that it is authorized to use and hold capital stock in the Bank and to maintain deposits there. The undersigned understands that the ant's application must be considered, acted upon and approved by the Bank before becoming a member of the Bank. Idersigned agrees that the applicant will initiate the minimum capital stock purchase within 60 calendar days of ral for Bank membership. |
| In sub | mitting this application, the undersigned understands and agrees that: |
| 1. | The applicant will be advised whether or not its application for membership is approved. |
| 2. | If admitted to membership, the applicant will conform to all requirements of the Federal Home Loan Bank Act, as now or hereafter amended, and to the rules and regulations there under. |
| 3. | In applying, and if the applicant is admitted to membership, the Federal Housing Finance Agency and the Bank are authorized to receive any information, exam reports and other supervisory materials provided by the appropriate state or federal regulatory authority or officer exercising supervisory authority over the applicant and its affairs. |
| 4. | The applicant will not represent itself to be a member of the Bank until it receives notice of admission to membership. |
| 5. | If admitted to membership, the applicant will become a stockholder of record upon complete payment for the initial minimum required stock subscription as provided in 12 U.S.C. § 1426. |
| | Signature: |
| | Title: |



SCHEDULE 6 AFFIDAVIT – FINANCIAL CONDITION

| APPLICANT NAME: | |
|---|---|
| State of () | |
| County of () | |
| I,, Name of Appropriate Officer | , <u>Ti</u> tle |
| of Name of Institution | |
| do solemnly swear that, to the best of my knowledge a | and belief, the books of Name of Institution |
| correctly reflect the true financial condition thereof; the | hat Name of Institution |
| notes, mortgages or other instruments supporting the | ies either real or contingent that are not recorded therein; that all assets recorded on the institution's books are in full force and effect e; and that there are no undisclosed commitments, no pending suits except as follows: |
| | |
| | Signature |
| Subscribed and sworn to me this day of | _, 20 |
| [SEAL] | - <u></u> |
| | Notary Signature |



SCHEDULE 7 AFFIDAVIT – CHARACTER OF MANAGEMENT

| APPLICA | CANT NAME: | |
|-------------|---|--|
| State of (_ | · () | |
| County of | of) | |
| The unders | ersigned certifies that: | |
| 1. | 1. The undersigned has the authority to act on behalf of the applican | t's board of directors; and |
| 2. | 2. The information submitted in support of this application is correct | t; and |
| | Neither the applicant nor any of its directors or senior officers is s by the applicant's primary regulator; and | ubject to, or operating under, any enforcement action instituted |
| | 4. Neither the applicant nor any of its directors or senior officers, ha administrative proceedings reflecting on creditworthiness, busine the applicant's primary regulator, or in the case of CDFIs, within t | ss judgment or moral turpitude since the last examination by |
| | lding and loan association, savings and loan association, cooperative bank, CDFI credit union, or insured depository institution, I further | |
| | Neither the applicant nor any of its directors or senior officers is s by the appropriate regulator; | ubject to, or operating under, any enforcement action instituted |
| | Neither the applicant nor any of its directors or senior officers, ha administrative proceedings reflecting on creditworthiness, busine | |
| | There are no known potential criminal, civil or administrative mo judgments against the applicant or any of its directors or senior or are significant to the applicant's operations. | |
| As a CDFI | FI Applicant, other than a CDFI Credit Union, I additionally certify t | hat: |
| | Neither the applicant nor any of its directors or senior officers, ha administrative proceedings reflecting on creditworthiness, business. | |
| | There are no known potential criminal, civil or administrative mo judgments against the applicant or any of its directors or senior of the applicant's operations. | |
| | | |
| | Signature of Duly | Authorized Representative |
| Subscribed | bed and sworn to me this day of, 20 | |
| [S | [SEAL] | |

Notary Signature



Appendix 1 10% RESIDENTIAL MORTGAGE LOAN REQUIREMENT FOR CERTAIN INSURED DEPOSITORY INSTITUTIONS (Required from banks and thrifts with total assets greater than \$1.5 billion and all credit unions)

| APPLICANT NAME: | |
|---|--|
| Eligible Assets | |
| 1. 1 – 4 family mortgage loans – revolving open-ended (home equ | uity) 1 |
| 2. $1 - 4$ family residential properties secured by first <u>and</u> junior l | iens 2 |
| 3. Multifamily mortgage loans | 3 |
| 4. Funded residential construction loans | 4 |
| 5. Consumer – mobile home loans only | 5 |
| 6. MBS: pass-through and other mortgage-backed securities | 6 |
| 7. Combination farm loans that have at least one 1 – 4 family resistructure that is occupied full-time by either owner or tenant (seasonal housing) | |
| 8. Combination business loans that have at least one $1-4$ family permanent structure that is occupied full-time by either owners | |
| 9. Other loans (single-room occupancy, dormitory, retirement ho | ome and nursing home) 9 |
| 10. TOTAL ELIGIBLE ASSETS (Sum of lines 1 through 9) | 10 |
| 11. TOTAL ASSETS | 11 |
| 12. 10% ELIGIBILITY TEST FOR MEMBERSHIP (line 10 divided LINE 12 MUST BE 10% OR GREATER – APPLICANTS TO MEMBERSHIP IN THE FEDERAL HOME | THAT FAIL THIS TEST ARE NOT ELIGIBLE FOR |
| CERTIFICA | TION |
| The undersigned certifies that the information submitted above is | s accurate and complete as of(date). |
| Signature | Printed Name of Signer |



Appendix 2

LONG-TERM HOME MORTGAGE RELATED ASSETS WORKSHEET (Required from insurance companies and non-federally insured CDFIs only)

RESIDENTIAL HOUSING FINANCE ASSETS (RHFA)

Book Value as of Most Recent Quarter End 5% requirement of total assets (insurance companies)

| APPLICANT NAME: | | | |
|---|-----------------|------------------|-------|
| | General Account | Separate Account | Total |
| Mortgage Loans: | | | |
| First and Junior Liens | | | |
| Home Equity Loans | | | |
| Multi-Family Loans | | | |
| Residential Construction Loans | | | |
| Multi-Family Construction Loans | | | |
| Loans secured by Manufactured Housing | | | |
| Mortgage-Backed Securities: Pass-Throughs | | | |
| Pass-Throughs CMOs and REMICs | | | |
| Other MBS (backed by fully disbursed, 1st mortgage whole loans) | | | |
| Other Investments | | | |
| Housing-related municipal bond securities | | | |
| TOTAL RHFA | | | |
| Quarter Ending In | | | |
| I certify that the above information is accurate. | | | |
| Authorized Signature | | Date | |
| | | _ | |

Name and Title



Appendix 3
DE NOVO REGULATION
(Required from de novo financial institutions only)

| APPLICANT NAME: |
|---|
| In accordance with section 1263.14(d)(1) a de novo applicant that has not received its first formal, or, if unavailable, informal or preliminary, Community Reinvestment Act (CRA) performance evaluation, shall be conditionally deemed to be in compliance with the home financing policy requirement of section 4(a)(2)(C) of the Act (12 U.S.C. 1424(a)(2)(C)), provided it files written justification acceptable to the Bank of how and why its home financing credit policy and lending practices will meet the credit needs of its community. |
| If the de novo applicant's first CRA rating is 'needs to improve' or 'substantial non-compliance', it will be deemed to be in noncompliance with the home financing requirement, subject to rebuttal, and its conditional membership approval shall be deemed null and void. |
| The de novo applicant agrees to provide the Federal Home Loan Bank of Des Moines promptly upon receipt of a copy of its formal, informal or preliminary, CRA performance evaluation. |
| Signature: |
| Title: |



Appendix 4
CERTIFIED COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI) REQUIREMENTS (Required from all CDFIs other than CDFI Credit Unions)

| APPLICANT NAME: | |
|---|--|
| State of Incorporation or Tribe Affiliation: | <u> </u> |
| Financial Requirements: | |
| • Net Asset Ratio > 20%: as of | (quarter-end date) (Net Assets-to-Total Assets) |
| Net Income (Loss): (Last 3 Year-Ends)(positive average) \$ | • Reserve Ratio > 30%: Loan Loss Reserve: \$to- Loans and Leases 90 days or more delinquent: \$ = % as of (quarter-end date) |
| Liquidity Ratio > 100%: (Ratio of Unrestricted Cash and Cash Equivale (Last 4 quarters and 2 preceding year-ends % as of quarter-end % as of quarter-end | |
| % as of quarter-end | % as of year-end |
| audit conducted within the prior year, plus more re the two years prior to the most recent audited final Please submit the CDFI's most recent certification Are you a member of the Opportunity Finance Net | by the CDFI Fund. |
| If applicable, please submit your most recent CARS | S report conducted by the Opportunity Finance Network. |
| Please describe any affiliations: | |
| | |
| | |



Appendix 5MISSION AND LENDING PRACTICES

(Required from all applicants to describe how and why the institution supports the housing finance mission of FHLB Des Moines, and how the institution complies with anti-predatory and fair lending laws.)

Applicant Name: _____

| 1) | The mission of the Federal Home Loan Bank System is to provide reliable liquidity to member institutions to support housing finance and community investment. Please describe how and why your institution supports this mission, and in particular, the housing finance mission of the Federal Home Loan Bank of Des Moines, as follows: |
|----|---|
| T | Mission Statement of the Federal Home Loan Bank of Des Moines o be a reliable provider of funding, liquidity and services for the Bank's members so they can meet the housing, business and economic development needs of the communities they serve. |
| 2) | Please affirm that your institution does not engage in predatory or unfair lending, through mortgage origination or investment activities or otherwise. Please describe your institution's policies and practices for complying with anti-predatory and fair lending laws. |
| | Signature: |
| | Title: |