

INSTRUCTIONS FOR COMPLETING THE FEDERAL HOME LOAN BANK OF DALLAS SERVICES SIGNATURE CARD

HOW TO COMPLETE THE SIGNATURE CARD

Removal of ALL access for any individual ONLY requires a request from an Officer of the institution via email to remove@fhlb.com. Please include the user's full name for which ALL access should be removed. To ensure there is no delay in processing the request, please include the approving Officer's full name and title if the Officer sending the removal request is not currently listed with authorities at the Federal Home Loan Bank of Dallas

Contact the Member Services Desk at 844.FHL.BANK (844.345.2265) with any questions related to the completion of the Federal Home Loan Bank of Dallas Services Signature Card.

Please read carefully and complete each of the following four sections of the FHLB Dallas Services Signature Card. Any Access Previously granted under other authorized signature cards for the stated user will be removed upon submission of the new Signature Card.

1. Reasons for Submitting a Signature Card

- Request Type - Please check only one box (required for all requests)

- ❖ New User

Add individual *not currently on file* in any signature/authorization capacity

- Complete the authorization request with the individual's name, contact details and signature
- Indicate *all authorizations* to be established for this user

- ❖ Replace Existing Authorization on File

Requesting additional authorization or removing existing authorization requires *re-establishing all* signatory authorization for that individual. Existing authorizations will be removed and re-established based on the request

- Provide the individual's 5 character User ID or the name under which the individual has existing signatory authorization present
- Complete the authorization request with the individual's existing name, contact details and signature
- Indicate *all authorizations* to be established/re-established for this user

- ❖ Replace Existing Authorizations on File with a Name change

A name change for an individual requires *re-establishing all* signatory authorizations.

Existing authorizations will be removed and re-established based on the Name Change request

- Provide the individual's 5 character User ID or the name under which the individual has existing signatory authorization present
- Complete the authorization request with the individual's new name, contact details and signature
- Indicate *all authorizations* to be established/re-established for this user

2. Institution Information

- Please type or print the legal name of the Institution
- Please type or print your Institution's FHFA ID # (formerly Docket number).
- Please type or print the physical address of which all correspondence for this particular user should be mailed. If address information is left blank then the user will be assigned the physical address on file for the principal place of business for the institution*

*To change the institution's address please submit a [Notification of Change](#) form to correspondent.services@fhlb.com.

3. User Information Table

Please type or print the current name, title, email address and phone number of the individual being authorized to perform the transactions contemplated by this signature card. The individual identified in the table must sign their name in the space provided. If the “Yes” and “No” boxes are both left unchecked, “No” access will be hereby authorized. If the “Yes” and “No” boxes are both checked, “No” access will be hereby authorized.

You must indicate “Yes” for each function or access to that function cannot be provided or will be removed.

- ❖ **Advances** function allows the user to execute credit and capital stock transactions on behalf of your institution and modify institution information (previously designated on the Advances Signature Card).
- ❖ **Collateral** function allows the user to pledge loan collateral on behalf of your institution (previously designated on the Collateral Signature Card).
- ❖ **Safekeeping** function allows the user to initiate, transfer and approve securities trade transactions and pledge securities collateral on behalf of our institution (previously designated on the Safe Keeping Signature Card).
- ❖ **Demand Deposit** function allows the user to provide all instructions pertinent to the demand deposit accounts at the Bank, modify institution information, and authorize acceptance or returns of ACH transactions (previously designated on the Demand Deposit Card)
- ❖ **Financial Information** function allows the user to provide and certify to financial data on behalf of your institution (previously designated on the Financial Information Signature Card)
- ❖ **SecureConnect Access** function grants access to the online SecureConnect portal (previously designated on the SecureConnect Access Request Form). Online access to some products may be limited based on your institution.
 - A user is granted full online access to perform transactions they have been approved for, as indicated on the signature card. **If you list a person with this access that is not listed with any other access or authorizations on this card, we will grant this person “inquiry-only” access.** This will allow the user to review and print all of the reports available on SecureConnect.
 - Each user will be assigned an authentication token. These tokens are provided to the user prior to installation and are required upon login. Prior notice is required for additional users to receive access.
 - SecureConnect access does not affect your ability to call into the Bank.
- ❖ **Wire Transfer Authorizations** grant access to Wire Transfer functions (previously designated on the Wire Transfer Signature Card),
 - *Repetitive Transfer Access.* To grant access to initiate Repetitive Wire Transfers you must indicate “Yes” for this function.
 - If a (per wire) **Limit** is not indicated, unlimited access is hereby authorized. If a **Limit** is indicated, no single repetitive wire transfer will be permitted if it exceeds the established **Limit**.
 - If an amount is indicated in the blank of the “2nd authorization is required if wire is greater than \$_____” section, any wire transfer equal or exceeding this amount will require a second and separate authorized individual to approve the wire initiated by this user. This amount cannot exceed (per wire) **Limit** indicated.
 - *Non-Repetitive Transfer Access.* To grant access to initiate Non-Repetitive Wire Transfers you must indicate “Yes” for this function.
 - If a (per wire) limit is not indicated, unlimited access is hereby authorized. If a limit is indicated, no non-repetitive wire transfer will be permitted if it exceeds the established limit.
 - All non-repetitive wire transfers will require a second and separate individual to approve the wire initiated by this user in accordance with Bank policy.
 - *May Act As Authorizer.* To grant access to approve either Repetitive or Non-Repetitive Wire Transfers initiated by a separate authorized individual you must indicate “Yes” for this function.
 - If a limit is not indicated, unlimited access is hereby authorized.
 - If a limit is indicated, this user will be permitted to secondary authorize a wire equal to or less than this limit when it has been properly executed by a separate authorized individual.
 - *Drawdown Set-up or Repetitive Template Set-up.* To grant access to the user to initiate and/or authorize the Drawdown Set-up and Authorization or Repetitive Wire Transfer form on file at the Bank you must indicate “Yes” for this function. **If an initiator and/or authorizer selection is not indicated, access as an initiator and authorizer is hereby authorized.**

4. Certification

- The bottom of the signature card must be signed and dated by a person designated by your Institution's Board of Directors in your Institution's [Corporate Certificate of Authority](#) ; CCA ("Certifying Officer"). This person can be, but is not limited to, the Secretary, Cashier, Assistant Secretary, Assistant Cashier, or any other person authorized by your Institution's Board of Directors to make the certification set forth at the bottom of this signature card. If you are not sure who the Certifying Officers are for your Institution, please contact the Member Services Department at 844. FHL.BANK (844.345.2265) or Member.Services@fhlb.com
- If the Certifying Officer is being added in the User Information table, a second Certifying Officer must also sign the certification. A notary's signature and stamp can be accepted in lieu of a second Certifying Officer's signature. NOTE: The notary cannot be named in the User Information table on the card he or she is notarizing.
- If the user is only granted access to Secure Connect and no further authorizations are provided the card can be signed by an Officer of the Bank and faxed to 214-441-8695. The Certifying Officer is not required to be designated by your Institution's Board of Directors.

SUBMISSION OF SIGNATURE CARD

To avoid delays in the processing of your signature card, please review the signature card closely before returning it to us to ensure that all of the information requested above is provided. An incomplete or improperly completed signature card will be rejected.

Return all documents with original signatures to:

Federal Home Loan Bank of Dallas
Attn: Correspondent Services
P. O. Box 619026
Dallas, Texas 75261-9026

SIGNATURE CARDS RETURNED TO OTHER DEPARTMENTS MAY DELAY PROCESSING.
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If returning by overnight/express mail or courier:

Attn: Correspondent Services
8500 Freeport Parkway South, Suite 100
Irving, Texas 75063-2547

If you have questions on how to complete this signature card, please contact the Member Services Department at 844-345-2265 or Member.Services@fhlb.com

COMMON ERRORS AND OMISSIONS

The following are some common reasons that a signature card will be rejected:

- None of the boxes were checked in the "Reason for Submitting a New Signature Card" section of the card.
- The individual signing the certification at the bottom of the signature card is not on the Corporate Certificate of Authority ("CCA").
- The individual signing the certification at the bottom of the card is the individual named in the User Information table and either a second Certifying Officer did not sign the certification or a notary did not sign and stamp the signature card; notary cannot be the user listed on the card.
- The individual identified in the User Information table did not sign the signature card in the space below his or her respective name and/or the signatures on the signature card are not originals.
- Changes made by whiting out or striking through were not initialed by the Certifying Officer(s) signing the certification at the bottom of the card.



Member driven.
Community focused.

FHLB Dallas Services Signature Card

Please check only one box (required for all cards):

New User Card OR _____ Replace Existing Authorizations on File Replace Existing Authorizations on File with a Name Change
 (Input Existing User Name or ID) (All existing Authorizations for this user will be removed and replaced with authorizations listed below)
 (New Name goes below if changed)

Institution Name

FHFA ID #

Address (physical address, no P.O. Box please)

City

State

Zip

Note:

- Removal of ALL access for any individual requires a request from an Officer of the institution sent via email to remove@fhlb.com
- If granting only SecureConnect access, this form can be faxed to 214.441.8695; otherwise original signatures are required
- “Yes” Must be indicated for each function or (1) access cannot be provided to that function (2) access previously provided will be removed
- If a dollar limit is not indicated in the Wire Transfer Function, unlimited access is hereby authorized.
- For Drawdown and Repetitive Setups: If “Yes” is indicated but an initiator and / or authorizer selection is not indicated, access as an initiator and authorizer is hereby authorized.

USER LIMITS AND AUTHORIZATIONS WILL APPLY TO ALL CURRENT AND FUTURE DDA ACCOUNTS FOR YOUR INSTITUTION

USER NAME	TITLE	EMAIL	Advances	Collateral	Safekeeping	Demand Deposit	Financial Information	Secure Connect
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
USER SIGNATURE		PHONE NUMBER	WIRE TRANSFER AUTHORIZATIONS					
			Repetitive Transfer	Non Repetitive Transfer	May Act As Authorizer	Drawdown Set up	Repetitive Set up	
			<input type="checkbox"/> Yes <input type="checkbox"/> No Limit \$ _____ 2nd authorization is required if wire is greater than \$ _____.	<input type="checkbox"/> Yes <input type="checkbox"/> No Limit \$ _____ *Secondary authorization is always required.	<input type="checkbox"/> Yes <input type="checkbox"/> No Limit \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Initiator <input type="checkbox"/> Authorizer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Initiator <input type="checkbox"/> Authorizer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Initiator <input type="checkbox"/> Authorizer

TO: FEDERAL HOME LOAN BANK OF DALLAS (“BANK”)

IMPORTANT – PLEASE COMPLETE THE CERTIFICATION SET FORTH BELOW

I certify that (i) I am the duly elected, qualified acting Secretary, Assistant Secretary, Cashier, or Assistant Cashier of the above-named institution or other person authorized by the above-named institution’s Board of Directors to make the certifications herein and (ii) in accordance with applicable resolutions of said Board of Directors, the above-named individual is duly authorized by our Board of Directors and may be recognized by Bank as an Authorized Individual for the purposes designated above. I further certify that the signature is the genuine signatures of the person named above and that such person presently holds the office in the above-named institution set forth next to such person’s name. If I have not designated ‘Yes’ to any given function, access will not be available to that given user and any further modifications to access will only be accepted by submission of a replacement signature card properly authorized and submitted to authorized Bank personnel.

Certifying Officer (per CCA)
(REQUIRED)

Printed Name
(REQUIRED)

Date

Second Certifying Officer (per CCA)
(REQUIRED if first certifying officer is also the user)

Printed Name

Date

Completed forms should be sent to:
 Federal Home Loan Bank of Dallas
 Attn: Correspondent Services
 P.O. Box 619026, Dallas, TX 75261-9026

NOTARY:

Subscribed and sworn to before me

Signature of Notary Public