



Members Only/LAS Administrator Authorization Form

This form must be completed by an individual listed on the member's Federal Home Loan Bank of Cincinnati (FHLB) Resolution for Advances and/or Resolution for MPP. Each member institution must designate one Members Only Administrator who has the ability to manage the Members Only access rights of the institution, including adding or deleting users and assigning access capabilities.

Members Only Administrator:

Last Name: _____ First: _____ MI: _____

Title: _____

Institution: _____ DDA#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Unique four digits (last four digits of your social security number suggested): _____

I have read and agree to the Terms of Use of the FHLBank Web site.

Administrator: _____ (Signature) _____ (Date)

Check the boxes below to assign access rights to the Members Only Administrator listed above.

Advance Rates, Deposit Rates, NewsLines, Affordable Housing Program online application, Credit Policy Manual, forms, agreements, Welcome Home online and other FHLB applications

Reports

Types of reports available:	Capital Stock	Demand Deposit Account (DDA)	Safekeeping Services
	Credit Services	Deposit Services	

I authorize the Members Only Administrator listed above to have access to the above mentioned documents and/or reports within the FHLB's Members Only section. I understand that the Members Only Administrator designated above will be responsible for enabling and disabling access to the confidential information contained in the Members Only section of the FHLB Web site. I also have read and accept the Terms of Use of the FHLB Web site.

Authorized Officer: _____ (Signature) _____ (Printed Name) _____ (Date)

(from member's Resolution for Advances)

LOAN ACQUISITION SYSTEM (LAS) – online service for Mortgage Purchase Program (MPP)

Check one **Participating Financial Institution (PFI) Manager** **Trader*** **Document Custodian**

LAS role: **Trading Ability:** **yes*** **no** **Shipping/Delivery** **PFI Treasury**

* Individual must be listed on member's Resolution for MPP.

I authorize the Members Only/LAS Administrator listed above to have access to the LAS of the FHLB's Members Only section. I understand that the Members Only/LAS Administrator designated above will be responsible for enabling and disabling access to the confidential information contained in the Members Only/LAS section of the FHLB Web site. I also have read and accept the Terms of Use of the FHLB Web site.

Authorized Officer: _____ (Signature) _____ (Printed Name) _____ (Date)

(from member's Resolution for MPP)

Please email form to the FHLB to ServiceDesk@fhlbcin.com or fax to 513-852-5700, Attn: ServiceDesk. Questions? Call 1-800-781-3090.