



SERVING COLORADO | KANSAS | NEBRASKA | OKLAHOMA

Standby Irrevocable Letter of Credit Application

Institution: _____

Address: _____

Pursuant to, and subject to, the terms of its Letter of Credit Agreement and its Advance, Pledge and Security Agreement with the Federal Home Loan Bank of Topeka (FHLBank), the undersigned Institution hereby applies for a standby irrevocable letter of credit for the Institution’s account in the amount of \$_____.

In accordance with FHLBank policy governing fees for letters of credit, the FHLBank is hereby authorized to charge the Institution’s demand deposit account number _____ for the fees associated with this letter of credit (subject to minimum fees as identified in FHLBank’s Member Products and Services Guide). If the letter of credit to be issued hereunder is for a term greater than one year, the FHLBank is further authorized to charge the Institution’s demand account for the required fees on each anniversary date.

You are instructed to issue the letter as follows:

1. Date letter of credit is to be issued: _____

2. In favor of:

Beneficiary’s full name: Nebraska Bankers Insurance & Services Co. (NBISCO)

Beneficiary’s full physical address: 233 South 13th Street, Suite 700, PO Box 80008, Lincoln, NE 68501-0008

Beneficiary’s contact name: Misty Stoner, NBISCO Financial Program Administrator

Beneficiary’s phone number: 402-474-1555

Beneficiary’s email: nepooledcollateral@nebankers.org

3. Available: (check one)

without conditions

with conditions (specify conditions below)

Conditions will be stated in the Drawing Certificate used by the Beneficiary when making draws under the letter. The FHLBank, however, has no duty or obligation to investigate whether the conditions stated in the Drawing Certificate are true.

Conditions permitting a draw and/or other special instructions:

N/A

4. Expiration date of the letter of credit: _____ (Must be a valid business day.)

5. Multiple draws are to be: (check one)

- permitted
- prohibited

(If permitted, the unused balance of the letter of credit will remain available until the stated expiration date.)

Certification:

Please indicate the purpose for which the letter of credit will be used: (check one)

- Public unit deposit collateralization
- Facilitating residential housing finance
- Facilitating community lending (CICA approval required)
- Asset/liability management (please describe below)

N/A

- Liquidity or other funding (please describe below)

(The Institution hereby certifies that it is in compliance with all laws and regulations in regarding the collateralization of deposits.)

N/A

The undersigned is an authorized representative of the Institution and has read and understands the Member Products and Services Guide of the FHLBank and certifies the Institution to be in full compliance. Furthermore, the Institution agrees to maintain full compliance with the Member Products and Services Guide, including any revisions and changes to same, while the letter of credit is outstanding.

By: _____
Authorized Signature

Typed Name and Title

Date: _____