

Authorizer Designation

We, the entity named below, designate the individual identified below as an Authorizer for our Organization.

Date: _____ **Authorizing Entity Type:** _____ Agent Firm _____ Financial Institution _____

Requested Action: _____ Add New Authorizer _____ Modify Existing Authorizer's Profile _____ Delete Authorizer _____

Organization Information

Organization Type: _____ Organization Legal Name: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Financial Institutions Only—If this authorization includes subsidiary organizations, please attach a list to this form on your organization letterhead and include each organization's RSSD, Organization Type, Legal Name and Address.

RSSD ID: _____

Authorizer Profile

Name (First, Middle Initial, Last): _____ Previous Name (If applicant's name has changed): _____

Job Title: _____ Individual Email Address (No groups): _____

Main Switchboard Phone Number: _____ Fax Number: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

AUTHORIZATION: On behalf of our organization, I designate the above-named individual as an Authorizer. He or she is responsible for identification, authentication, and notification processes between our Organization and the Federal Reserve Board related to the Electronic Applications System (E-Apps). The authority of the Authorizer includes designating individuals to the Federal Reserve Board who are authorized to act on behalf of the Organization and should be issued credentials (certificates) to transact business using E-Apps. In addition, the Authorizer may designate third-party firms as agents to use E-Apps for the submission of filings on behalf of our organization. All filings submitted and other actions taken when using E-Apps certificates will be legally binding on the Organization. The Organization, Authorizer and any individuals permitted to use E-Apps will comply with all terms and conditions specified, where applicable, in the Certification Practice Statement (located at <http://www.federalreserve.gov/PKICertificates>), as well as all applicable security procedures. You may rely on and act upon instructions or other information related to E-Apps that you receive from (or reasonably believe that you have received from) the Authorizer until you receive, and have had a reasonable time to act upon, a written amendment or revocation of this authorization.

By typing my name in the indicated fields, I am signing this document and affirming the truth of the information submitted. I understand that signing the document in this manner is the legal equivalent of having placed my handwritten signature on the document.

Authorizer's Printed Name: _____ Job Title: _____

Email Address: _____ Phone Number: _____ Date: _____

FEDERAL RESERVE USE ONLY:

Due Diligence Verification Signature: _____

Date: _____