

Federal Reserve Bank Operating Circular 1 Appendix 3 Pass-Through Agreement

| Servicing FRB C | ffice: |
|-------------------|--------|
| Effective Date: _ | |

Pass-Through Agreement

The Institutions named below agree to the provisions of Operating Circular 1, Account Relationships, of the Federal Reserve Bank named above, and the provisions of all operating circulars of each Federal Reserve Bank from which the Institutions obtain services, as the circulars may be amended from time to time.

Respondent Agreement

We elect to maintain our required reserve balances on a pass-through basis with the Correspondent named below.

Correspondent Agreement

We agree to serve as Correspondent for the Respondent named below. The required reserve balances for this Respondent will be commingled in our Master Account at the Reserve Bank.

| ction 1 – Respondent | | | | All Required Fields |
|----------------------------|-------|----------------|----------|---------------------|
| Routing (ABA) Number | | | | |
| Financial Institution Name | | | | |
| Street Address | | | | |
| City | | | | |
| State & Zip Code | State | | Zip Code | |
| Official Signature* | | | • | |
| Name | First | Middle Initial | Last | |
| Title | | | | |
| Date | | | | |
| Telephone Number | | | Ext. | |
| ction 2 – Correspondent | | | | All Required Fields |
| Routing (ABA) Number | | | | • |
| Financial Institution Name | | | | |
| Street Address | | | | |

Processing may take 5-7 business days. Please contact the Federal Reserve Bank to confirm the date that the above pass-through arrangement will be in effect.

September 2011 Page 1 of 1

City State Zip Code State & Zip Code Official Signature* Middle Initial First Last Name Title Date Ext. Telephone Number *Official signature must be a signer designated on your institution's Official Authorization List.