To: First District BIC Participants

From: Mark Brassard, Discount Officer

Re: Collateral Information Release

The purpose of this release form is to seek your institution’s consent to the sharing by the Federal Reserve Bank of Boston (“FRBB”) to the Federal Home Loan Bank of Boston (“FHLBB”) of information relating to the assets that your institution has pledged to FRBB and/or the U.S. Treasury to secure advances and other obligations (such assets are hereinafter referred to as “Collateral”). Disclosure of this information will enable members of FHLBB (each a “Member”) to better coordinate and maximize their borrowing capacity with both lenders while giving the lenders assurance that Collateral does not secure competing obligations, potentially impeding the ability of either lender to discharge its rights and responsibilities under any prior or prospective lending agreement.

In furtherance of these purposes, the undersigned Member hereby agrees and acknowledges that FRBB may, in its sole discretion, share with FHLB any and all information relating to Collateral, in whole or in part, that has been described to FRBB by Member in writing or through electronic means. This information may include, but is not limited to, weekly/monthly loan trial reports and any other documents or information that may describe the Collateral. Any disclosures by FRBB to FHLBB will be sent via encrypted electronic transmission.

To indicate consent, an officer that is authorized to borrow from FRBB pursuant to the Authorizing Resolutions that your institution has on file with FRBB must sign this document. Please fax the signed letter to 617-619-8501 and then mail the original to the attention of Karen McGee, Credit Unit, Federal Reserve Bank of Boston, 600 Atlantic Avenue, Boston, MA 02210-2204. In the month following receipt of the signed release, FRBB will begin providing information to FHLBB on behalf of your institution.

**Received, Acknowledged and Agreed**

**By:**

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Legal Name of Institution

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Name of Authorized Individual

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Signature of Authorized Individual

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Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date