



Confirmation Request

Instructions

Please complete this form and:

- scan and email to ia@fhlbtopeka.com, OR
- fax to the attention of the Internal Audit department at 785.234.1717; OR
- mail to FHLBank Topeka, Attn: Internal Audit, PO Box 176, Topeka, KS 66601-0176.

If you have any questions, please contact Internal Audit at 866.837.7435.

Customer Details

CustID: _____ Customer Name: _____

City: _____ State: _____

Any questions regarding this request should be directed to:

Contact Name: _____

Phone Number: _____

Email: _____

Check this box to be copied on the confirmation reply email.

Confirmation Details

A standard confirmation package includes balances on all accounts, plus detailed listings of all advances, overnight lines of credit, letters of credit, certificates of deposit and securities held in safekeeping.

Additional information requested:
(optional)

Provide the requested information:

As of the close of business on (Date):

Name of Audit Firm, Regulator, etc.:

Type of Confirmation:

Contact Name:

Email:

Fax (optional):

Authorization

In order to process your request, we must have a signed release by an authorized representative as listed on the Credit Resolution, Wire Transfer Authorization, etc.

Authorized Signature

Date: _____