



SERVING COLORADO | KANSAS | NEBRASKA | OKLAHOMA

COVID-19 RELIEF ADVANCES CERTIFICATION FORM

Customer ID: _____

Institution: _____

Contact Name: _____

Contact Email: _____

Purpose of advance:

Please select one or more of the following that apply:

- Proceeds from this advance will be used to fund committed or fully disbursed loans made under the Coronavirus Aid, Relief, and Economic Security (CARES) Act; or
- Proceeds of this advance will be used to assist members' customers directly affected by COVID-19.

Please provide a brief description:

In order to ensure this program is available to a wide variety of members, the maximum amount available to any single member or housing associate will be \$3 million for zero cost 6-month advances and \$5 million for at-cost 6-month to 2-year maturities. All amounts are available on a first-come, first-served basis as determined by the submission of this certification. Following submission, our lending staff will contact the authorized signer to transact the advances up until noon CDT. Members submitting certifications after noon will be contacted the following business day in the order the submissions were received. Certification submissions will be accepted beginning at 9 a.m. CDT on April 22, 2020, until the funds are exhausted or June 30, 2020, whichever occurs first. These advances are subject to terms and conditions specified in FHLBank's Member Products Policy and outlined under the [Member Products and Services Guide](#).

I hereby certify to the best of my knowledge the above information is true and correct. Signature of an authorized officer with FHLBank Topeka borrowing authority is required below.

Authorizing Signature: _____ Date: _____
(Signature)

Printed Name: _____

Phone Number: _____

Email your completed form to FHLB_ProdAdmin@fhlbtopeka.com.