



SERVING COLORADO | KANSAS | NEBRASKA | OKLAHOMA

## AHP/HSP Authorization Form - Supplemental Instructions

**Members that have submitted an AHP/HSP Authorization Form and wish to add new authorized users to AHP or HSP Online should add the user(s) via the AHP/HSP Authorization Form - Supplemental.**

- The AHP/HSP Authorization Form - Supplemental must be signed by a member representative who is on the member's FHLBank Credit Resolution.
- If the member has never executed an AHP/HSP Authorization Form, complete the AHP/HSP Authorization Form.
- If a member representative's authorization to access AHP or HSP Online needs to be removed, email [hcdahp@fhlbtopeka.com](mailto:hcdahp@fhlbtopeka.com) or [hsp@fhlbtopeka.com](mailto:hsp@fhlbtopeka.com) as applicable.

The AHP/HSP Authorization Form - Supplemental identifies member representatives authorized to:

- 1) commit the member to the requirements and guidelines of the programs; and
- 2) engage in the AHP and/or the HSP on behalf of the member

Send the executed, original Authorization Form:

Via United States Postal Service:

Kellee Tinsley, Membership Coordinator

FHLBank Topeka

PO Box 176

Topeka, KS 66601-0176

- **OR** - Via Courier (Federal Express, UPS, etc.):

Kellee Tinsley, Membership Coordinator

FHLBank Topeka

500 SW Wanamaker

Topeka, KS 66606

Once FHLBank has received the original, properly-executed Authorization Form and has entered it into FHLBank's Agreement System, FHLBank will notify the member that it may access AHP and/or HSP Online.



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**AHP/HSP Authorization Form - Supplemental**

**Institution:** \_\_\_\_\_

**Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**DDA Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**To the Federal Home Loan Bank of Topeka (FHLBank):**

Pursuant to the authority delegated to me by resolution of the board of directors of the above-described Institution, I hereby certify to you that each officer, employee or agent of the Institution listed below is authorized on behalf of the Institution, on such terms and conditions as said person may determine, to complete and execute such applications, agreements, disbursement requests, reservations, forms and other documents and otherwise do all things required to participate in the Affordable Housing Program (AHP) and Homeownership Set-aside Program (HSP) of the FHLBank.

Name	Email Address	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This designation supplements the previous designation and can be revoked or amended only in writing signed by a person authorized by the Institution’s board of directors and, until such revocation or amendment is delivered to you, you shall be entitled to rely on these designations in accepting and acting on instructions given or documents executed in accordance herewith.

**By:** \_\_\_\_\_

**Authorized Signature** *(must be on Credit Resolution)*

\_\_\_\_\_  
**Name and Title**

**Date:** \_\_\_\_\_