

COVID-19
Advances Program
 2020 Application & Certification

This document is enabled so you can enter the data directly into PDF.

Member Institution Name: _____
Contact Person: _____
Contact Number: _____
Member Institution Total Assets (12/31/2019): _____

The Federal Home Loan Bank of Indianapolis (FHLBank Indianapolis) has instituted an advance program to assist members in supporting their customers and communities impacted by COVID-19. The FHLBank Indianapolis COVID-19 Advances Program provides favorable funding opportunities for members making loans related to the 2020 CARES Act or supporting customers affected by COVID-19. A short-term fixed-rate bullet program with a term of 6 months (180 days) and a long-term fixed-rate bullet program with terms from one (1) to five (5) years are available from April 27 through July 31 (subject to per member caps as described in the FACTS sheet), or until available funds are exhausted. Members are eligible for a single disbursement under each program.

This completed document, along with any supporting materials, is required to participate in the FHLBank Indianapolis COVID-19 Advances Program. Applications must be received before 2 p.m. ET for same-day funding.

1. Fixed-Rate Bullet Advance Purpose:

Proceeds will fund committed or disbursed loans under the 2020 CARES Act.			
Committed: #	\$	Funded: #	\$
Proceeds will assist customers impacted by COVID-19. Further Explanation of Purpose (attach any information necessary to support purpose): _____			

2. Requested Terms:

Requested Origination Date of Advance:	Requested Advance Amount:
Short-Term Fixed-Rate Bullet	Term of Advance: 180 days
Long-Term Fixed-Rate Bullet	Term of Advance: _____ year(s)

All advance requests are subject to a member's borrowing capacity at the time of funding.

3. Member Certification:

Member certifies that the funding received hereunder shall be used only for the purpose described herein. Member represents that the undersigned is fully authorized, based on the condition noted below, to sign this application, and if accepted, agrees to the terms and conditions contained herein. Electronic signatures will be accepted.

Note: To procure advances from FHLBank Indianapolis, two officers authorized on the applicant's "Certified Resolutions for Advances" must sign this document. Please check with your Account Manager if you are uncertain of current authorizations.

_____ Authorized signature of FHLBI member	_____ Typed name	_____ Date
_____ Authorized signature of FHLBI member	_____ Typed name	_____ Date

Submit completed Application & Certification to: creditdesk@fhlbi.com
 Questions regarding the Application and Certification can be directed to your Account Manager

Bill McDowell: (317) 201-8913; wmcdowell@fhlbi.com	Jim Eibel: (317) 997-6361; jeibel@fhlbi.com
Matt Fix: (317) 750-2236; mfix@fhlbi.com	Nick Groenleer: (317) 431-4597; ngroenleer@fhlbi.com

