



Federal Home Loan Bank of Atlanta
AHP Set-aside Products
Program Manager Designation Form

Please check one of the following:

New Set-aside Product Registrant

Existing Set-aside Product User

Please complete this form in its entirety to be eligible to participate in the products offered under the AHP Set-aside Program.

FHLBank Member Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Program Manager Name: _____ Title: _____

Telephone #: _____ Fax #: _____ E-mail: _____

Alternate Program Manager Name: _____ Title: _____

Telephone #: _____ Fax #: _____ E-mail: _____

MEMBER SIGNATURE

NOTE: For new registrants this form must be signed *by an officer authorized on the member's Credit and Collateral Signature Card* on file with the Federal Home Loan Bank of Atlanta

_____	_____
Signature of Authorized Officer	Print Name
_____	_____
Title	Date Signed

PROGRAM MANAGER SIGNATURE

NOTE: For existing set-aside product users this form must be signed by *the designated Program Manager*

_____	_____
Signature of Program Manager	Print Name
_____	_____
Title	Date Signed

Please return the completed form and any additional information to:

(If by U.S. Postal Service):
Community Investment Services Department
Federal Home Loan Bank of Atlanta
P. O. Box 105565
Atlanta, Georgia 30348-5565

Telephone: 800.536.9650, option 3, option 3
Fax: 404.888.5632

FHLBank Atlanta use only:

Received by: _____ Date: _____ Approved by: _____ Date: _____