

EXHIBIT B

DESIGNATION OF PERSONS AUTHORIZED WITH REGARD TO FEDERAL HOME LOAN BANK OF BOSTON CORRESPONDENT SERVICES - **DEPOSITS**

To the Federal Home Loan Bank of Boston (hereinafter the "Bank").

I, _____, certify that I am _____ of
(Name) (Title)

_____, _____,
(Member) (Docket #)

_____, _____, (hereinafter, "Member") and I declare as follows:
(City) (State)

Pursuant to the authority delegated to me by resolution of the Board of Directors of Member dated _____, 20_____, I hereby designate the following officers or employees of Member as the persons authorized to act on behalf of Member with regard to Member's access to, and use of:

Deposit Account Services to the extent indicated in the Table of Authorizations below:

| <u>TABLE OF AUTHORIZATIONS</u> | | | | |
|---------------------------------------|----------------------|---|---|--|
| | | | Check all authorization boxes that apply | |
| <u>Name:</u> | <u>Title:</u> | <u>Telephone:</u> <u>E-mail:</u> | <u>Access to Information</u> | <u>Issue/Approve Instructions</u> |
| | | | Offline | Offline |
| | | | Online | Online |
| | | | Offline | Offline |
| | | | Online | Online |
| | | | Offline | Offline |
| | | | Online | Online |
| | | | Offline | Offline |
| | | | Online | Online |
| | | | Offline | Offline |
| | | | Online | Online |

THIS DOCUMENT DOES NOT LIMIT OR PERTAIN TO WHO MAY AUTHORIZE CHECKS.

Please complete both sides of this document

Online Services Primary Contact Designation:

Street Address _____

Primary Contact Name and Title: _____

Telephone Number: _____

E-Mail: _____

Facsimile Telephone #: _____

For purposes of this Designation, the following definitions shall apply:

“Online” means the conduct of the relevant activity via the Bank’s Internet Portal Services.

“Offline” means the conduct of the relevant activity via all other means permitted by the Bank, including in writing or via facsimile, telephone or wire.

“Access to Information” means the authority to access all information relevant to Member use of the Bank’s services, including reports and transaction information.

“Issue/Approve Instructions” means the authority to simultaneously instruct, approve and authenticate instructions between member internal accounts.

All other terms shall be defined as indicated on the Correspondent Services Agreement in effect between the Bank and Member, to the extent defined therein.

This Designation can be revoked or amended only through the valid execution of a replacement Designation submitted by Member and accepted by the Bank. The submission and acceptance of a replacement Designation shall result in a total revocation of this Designation.

Dated: _____

By: _____

(Signature)

(Printed Name)

(Title)