

[Typed on Agent's letterhead stationery]

## **APPENDIX A**

### **EXCESS BALANCE ACCOUNT AGREEMENT**

#### **Agreement to Act as Agent for Excess Balance Account**

To: Federal Reserve Bank of \_\_\_\_\_ (“Reserve Bank”)

The Eligible Institution named below requests to be a Participant in the Excess Balance Account established by the Agent named below. By executing this Appendix A, the Participant acknowledges that it has received, read, and understood the terms hereof and of the Excess Balance Account Agreement of which this Appendix A is made a part and incorporated therein. The Participant agrees that, by executing this Appendix A, the Participant is bound by the Excess Balance Account Agreement as a party thereto until revoked, withdrawn or terminated pursuant to paragraphs 4.3, 11 or 12 thereof, and as it may be amended from time to time, and the Participant also agrees to maintain the Excess Balance Account in accordance with Regulation D (12.C.F.R Part 204).

The Participant designates \_\_\_\_\_ as Participant's Agent to act as its agent with respect to the operation and management of the Excess Balance Account in accordance with the terms of the Excess Balance Account Agreement of which this Appendix A is a part and is incorporated therein.

The Agent hereby accepts Participant's designation as Agent, and agrees to manage the Excess Balance Account on behalf of the Participant pursuant to the Excess Balance Account Agreement of which this Appendix A is a part and is incorporated therein.

The Agent shall promptly provide the Reserve Bank with any executed Appendix A seeking the inclusion of a new Participant in the EBA.

**Agent for Excess Balance Account:**

By: \_\_\_\_\_  
Official Signature<sup>3</sup>

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Agent's Routing (ABA) Number

**Participant:**

By: \_\_\_\_\_  
Official Signature<sup>4</sup>

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Participant's Routing (ABA) Number

For FRB use only: \_\_\_\_\_ EBA CIN assigned

\_\_\_\_\_  
<sup>3</sup> As designated on your institution's Official Authorization List

<sup>4</sup> As designated on your institution's Official Authorization List