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this Appendix A, the Participant is bound by the Excess Balance Account Agreement as a party thereto until revoked, withdrawn or terminated pursuant to paragraphs 4.3, 11 or 12 thereof, and as it may be amended from time to time, and the Participant also agrees to maintain the Excess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

________________________

Name of Institution

________________________

Printed Name and Title

________________________

Street Address

________________________

Date

________________________

City, State, Zip Code

________________________

Agent’s Routing (ABA) Number

**Participant:**

By: __________________________

________________________

Official Signature

________________________

Name of Institution

________________________

Printed Name and Title

________________________

Street Address

________________________

Date

________________________

City, State, Zip Code

________________________

Participant’s Routing (ABA) Number

________________________

For FRB use only: ____________________ EBA CIN assigned

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3 As designated on your institution’s Official Authorization List

4 As designated on your institution’s Official Authorization List