

EXHIBIT B - BORROWER ACKNOWLEDGEMENT FORM

The Honorable Michael W. Frerichs
Illinois State Treasurer
Attn: Banking Division
Marine Bank Building
1 Old State Capitol Plaza
Springfield, IL 62701
Phone: 217.558.6217
Email: Banking-TimeDeposit@illinoistreasurer.gov

Transaction Amount: _____

Deposit Rate: _____

Borrower's Interest Rate: _____

Deposit Date (Date of ACH/Wf): _____

Maturity Date: _____

BORROWER INFORMATION:

Borrower's Name: _____

Address: _____

City, State, Zip: _____

County: _____

Last 4 SSN: _____ Phone Number: _____

Email address: _____

Federal Agency Employed: _____

Federal Pay Period: _____ - _____

The Borrower hereby acknowledges receipt of a Program Loan in the amount, at the agreed interest rate and for the term identified above. The Borrower certifies that he/she is an actively employed United States federal employee, and all information set forth above regarding Borrower is true and accurate.

Borrower Signature: _____ **Date:** _____

Financial Institution Representative Name _____

Financial Institution Signature: _____ **Date:** _____

Financial Institution certifies that the Borrower information provided above is accurate.

**THE FINANCIAL INSTITUTION WILL RETURN THE BORROWER ACKNOWLEDGMENT FORM(S)
WITHIN 5 CALENDAR DAYS FROM THE DEPOSIT DATE.**