Interest Rate Caps or Floor Pricing Request

❑ Member Purchases Cap   ❑ Member Purchases Floor

Notional Amount: $_____._____

Effective Date: _____/_____/_____ Maturity Date: _____/_____/_____

Pay Day:_____ (enter day of month 1-31)

Strike Rate:_____

Index/Pay Schedule/Reset Frequency:

❑ 1m LIBOR/Reset/Pay Monthly

❑ 3m LIBOR/Reset/Pay Quarterly

❑ 6m LIBOR/Reset/Pay Semi-annually

❑ 12m LIBOR/Reset/Pay Annually

Day Count: ❑ 30/360   ❑ Actual/360

Pay Convention: ❑ Modified Following   ❑ Following   ❑ No Adjustments

Name of Institution:_____ FHFA ID/Docket #_____

Address:_____

City, State, Zip:_____

Contact:_____ Phone:_____

Requested by: _____ Print Name:_____
                         Signature

                                                    Title:_____