

Federal Home Loan Bank of Indianapolis

Neighborhood Impact Program

NIP

AUTHORIZATION TO RELEASE INFORMATION

I/We have indicated to Fifth Third Bank a desire to apply for a grant under the Federal Home Loan Bank of Indianapolis Neighborhood Impact Program (NIP) through First Independence Bank. I/We hereby authorize Fifth Third Bank and First Independence Bank to submit any and all documentation required in order for my grant application to be reviewed by the Federal Home Loan Bank of Indianapolis to enable them to make a determination regarding my application. I/We hereby understand and agree that Fifth Third Bank and First Independence Bank do not make the determination as to whether or not to approve the grant and that decision is made solely by the Federal Home Loan Bank of Indianapolis.

I/We have read and understand that Fifth Third Bank is making an application on my behalf under the Federal Home Loan Bank of Indianapolis Neighborhood Impact Program (NIP). I/We understand that the purpose of this disclosure is to show that I/we are granting Fifth Third Bank and First Independence Bank the authority to apply on my behalf for a grant under this program and that Fifth Third Bank and First Independence Bank my share any information with the Federal Home Loan Bank of Indianapolis which is required to consider my application.

This authorization expires one year from today's date unless otherwise stipulated in writing.

Printed Name of Applicant: _____

Applicant's Signature: _____

Date: _____

Second signature, if applicable:

Printed Name of Co-Applicant: _____

Co-Applicant's Signature: _____

Date: _____