

**EXHIBIT B  
ACKNOWLEDGEMENT FORM**

---

The Honorable Michael W. Frerichs  
Illinois State Treasurer  
Attn. State Investments and Banking  
400 West Monroe, Suite 305  
Springfield, IL 62704  
Phone: 816-558-7327  
Fax: 217-558-3793

**Transaction Amount:** \$ \_\_\_\_\_  
**Deposit Rate:** \_\_\_\_\_ %  
**Borrower's Interest Rate:** \_\_\_\_\_ %  
**Deposit Date (Date of ACH/WT):** \_\_\_\_\_  
**Maturity Date:** \_\_\_\_\_

**BORROWER INFORMATION:**

Borrower's Name: \_\_\_\_\_  
Federal Agency Employed: \_\_\_\_\_  
Federal Pay Period: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Last 4 SSN: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Email address \_\_\_\_\_

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 or she is an actively employed United States federal employee, and all information set forth above regarding Borrower is true and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The \_\_\_\_\_ (name of financial institution) ("Financial Institution") hereby certifies that the funds provided under this agreement shall be used for the eligible program purposes described in the Emergency Federal Worker Linked Deposit Loan Program Financial Institution Application for Development. Financial Institution further agrees to comply with all legal requirements related to the deposit of State monies and with all policies and procedures of the Office of the Illinois State Treasurer ("Treasurer") related to the Emergency Federal Worker Linked Deposit Loan Program. Financial Institution shall submit this **signed** Acknowledgement Form to the Treasurer within **5 calendar days** from the deposit date as evidence that the funds are being used for an eligible program purpose. Financial Institution certifies that all statements and representations made herein and in the related documents are true and correct to the best of its knowledge and belief.

---

**FINANCIAL INSTITUTION INFORMATION:**

SUBSCRIBED and SWORN to before me

(Notary signature date should match that of the borrower and lender signature date)

Name of Financial Institution: \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_, \_\_\_\_\_

Loan Officer: \_\_\_\_\_

Title: \_\_\_\_\_ (Notary Public Signature)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

