

## Instructions Page

### Purpose

Servicers of MPF Xtra loans must use this form to reconcile the collections remitted for the previous accounting cycle with the activity reported in accordance with MPF Xtra Servicing Guide Chapter 2.

### Preparation

- **When** – The Servicer should complete the form as funds are remitted to the MPF Bank. A completed form is required every month for the previous accounting cycle and must be included in the monthly report package.
- **Who** - This form must be completed by an employee of the Servicer who has responsibilities that would cause such individual to be knowledgeable of the facts and processes needed to complete this form and has authority to certify to the truthfulness and accuracy of the information on this form.
- **How** – This form may be completed electronically.

*Time Period Covered* - the first business day of the prior month through the last business day of the prior month.

Enter each day's collections posted and subsequently transferred to the FHLB DID Remittance Account from the first Business Day of the prior month through the last Business Day of the prior month. All collections should be aggregated by date posted and be net of Servicing Fees.

### Submission

- **When** – The Servicer must submit the completed form by 12:00pm (noon) EST on the first (1<sup>st</sup>) Business Day of each month.
- **How** – The completed form must be uploaded to ServicerConnect at <http://www.ServicerConnect.com>.
- **To Whom** – The completed form must be submitted to the Master Servicer.

The Servicer should retain a copy of the completed form for their own records.

### Assistance

Please email the Master Servicer at [CTSFHLBLoanAccountingTeam@WellsFargo.com](mailto:CTSFHLBLoanAccountingTeam@WellsFargo.com) for any questions or assistance needed in completing the form.

### Helpful Hints

- The Demand Deposit Account (DDA) and Daily Investment Deposit (DID) account are the same.
- fTAR is the final turnaround report.
- Servicers should ensure they have internal policies and procedures to address discrepancies between the values reported to the Master Servicer and the values provided on this form.



## Employee Information

By submitting this form, I certify that the information contained herein is true and accurate.

Printed Name of Employee Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_