RESERVE ACCOUNT WITHDRAWAL REQUEST
SIGNATURE AUTHORIZATION FORM (PARTNERSHIP)

Loan Program No.: __________________________

Partnership Name: __________________________

Development Name: __________________________ (the “Development”)

Development Address: __________________________

Ladies and Gentlemen:

I (We), the undersigned, as the General Partner(s) of the Partnership, authorize Illinois Housing Development Authority (“IHDA”) to honor request to issue funds from all reserve accounts for the Development held by IHDA when such requests are authorized in writing by any (one) or (two) of the following person(s).

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<th>Name (Type or Print)</th>
<th>Signature</th>
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The above mentioned individual(s) have full authority to act on behalf of the Owner to authorize disbursement of funds of the Owner and/or Development held by IHDA until such time as you are notified in writing of a change in the person(s) so authorized.

I (We), agree to hold IHDA harmless from any liability which may arise due to a written direction from the authorized individual(s) listed above. This agreement shall be in full force and effect and binding upon the Owner until written notice shall be given to IHDA by any General Partner or authorized representative of the General Partner(s) of the Owner.

Dated this ______ day of ________________, 20__.

By: ________________________________

General Partner

STATE OF ______________________ )
COUNTY OF ____________________ )

On this _____ day of ________________, 20____, ________________, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me in person and acknowledged that he/she signed and delivered the said instrument as his/her free and voluntary act.

_____________________________
Notary Public

Commission Expires:

_____________________________