



Global Authorization Form ("GAF")
(Instructions for Completing the Interactive GAF)

The GAF is an interactive form, located on the Federal Home Loan Bank of New York's ("HLB") website, www.fhlbny.com, in the "About Us" tab > Bank Forms & Agreements > HLB-106. By clicking the appropriate boxes, a check mark will be recorded automatically in the box for the requested permissions.

Note: Due to the dual control nature of our various operating systems, New Customer Applicants must submit two or more fully executed GAFs.

The following instructions describe in detail how to complete the GAF:

Section 1

Complete **all fields** in Section 1.

New User **Update User** **Delete User:**

- Check "**New User**" if this is the *first* time a GAF is being submitted for this User;
- Check "**Update User**" if this form amends entitlements for a User already on file at the HLB. If this is selected, please indicate why the User is being updated by checking off the appropriate reason on the GAF. This GAF will supersede the prior GAF submitted for the User.
- Check "**Delete User**" if User is to have all access removed within the FHLBNY. If this is selected, please indicate why the User is being deleted by checking off the appropriate reason on the GAF.

E-Mail Address: New temporary passwords, as well as any required temporary password re-sets, are automatically generated and e-mailed to the User. Therefore, e-mail addresses must be the User's individual, specific e-mail address. (For security purposes, generic and/or shared e-mail addresses will not be accepted.)

Note: If this GAF is intended to delete a User, **Only one** authorized Officer's signature is required. To expedite the deletion of Users, you may e-mail GAFs to the Bank at DepositServices@FHLBNY.com.

Date: Enter the date that the GAF was completed.

Customer Name: Enter the name of your institution covered by the GAF.

Customer Number _ _ _ _: Enter your three or four-digit customer number on file at the HLB. (If there is more than one customer number to be covered by the GAF, enter the main customer number on the lines, followed by any additional customer numbers).

Street Address, City, State & Zip: Enter the User's complete address.

User Name: Print or type the User's Name; include Mr., Mrs., or Ms.

Note: When completing the GAF electronically, the Customer Number and the User's Name will automatically fill on the top of page 2. When completing the GAF manually, please provide this information at the top of page 2.

User Signature: The signature must be an original, "wet" signature which will be used to validate the User's signature when a User applies for a 1Link Security Device. The Security Device allows the User access to the 1Link Transactions Module. Additionally the signature will be used to acknowledge the Personal Identification Number, which is required to initiate wire transfers telephonically. In addition, the User's Name on the *printed* line, must be *signed* in the exact same manner as in the signature line (e.g., Jane E. Doe = *Jane E. Doe*).

Telephone Number, Extension, Fax Number, User Title: Complete each accordingly. For any fields that are not applicable, record as "NA".

Section 2

Complete Section 2 of the GAF, if the User permissions are limited to **Only Information Reporting** within 1Link. If Section 2 is completed, proceed to Section 5. Do not complete sections 3 or 4.

Section 3

Section 3 defines two available options:

Option 1: Provides access to perform **ALL** HLB transactions, with an “Unlimited” dollar value for all services. If Option 1 is selected, complete **Only** the double asterisks (**) categories of Section 4 and proceed to Section 5.

Option 2: Provides the User with specific transaction permissions, as described in Section 4. If Option 2 is selected, proceed to Section 4.

Section 4

Complete this section for Wire (Domestic and International), Book Wire/Transfer, Letter of Credit, Advances, Safekeeping, and 1Link permissions based on the requirements defined in Option 2 of **Section 3**. If any individual permission is not required, indicate by checking the last option of each category – “No Permissions should be granted.”

Note: If “**Perform All Wire Transfers and/or Book Wires**” is selected, indicate whether you want the User to “**Initiate and Approve/Confirm Repetitive Wire Transfers and/or Book Wires**” at a Customer Level. By selecting this option, it allows the release of the Repetitive Wire Transfers and/or Repetitive Book Wires to the HLB at the *Customer (Company) Level for all accounts the Users have access to, without requiring an additional individual to Approve/Confirm.*

If “**Initiate Repetitive Only**” is selected and the Repetitive Wire Transfer(s) is/are processed telephonically all Repetitive Wire Transfers will be released at the time initiated, *no additional individual is required to Approve/Confirm.*

Important: “**Book Wire Permissions**” is for “**1Link Only**”.

Section 5

Your Corporate Secretary/Assistant Corporate Secretary (CS/ACS) must certify that the contents of the GAF are accurate, and that the User is authorized to act on behalf of the institution, by typing his/her name on the blank line within the paragraph in Section 5. Please note: The Executing Officer can not be listed to Initiate and Confirm/Approve any transactions on any GAF. (A GAF Waiver Authorization (HLB-107) is required, if the Executor is permitted to execute GAFs and to also process transactions.)

The CS/ACS must type or print the date of execution, sign, and print his/her name, provide title, and phone number under the “Executed” heading. The attesting officer must provide the same under the “Attested” heading. The attesting officer must be an officer of the institution whose signature is on file at the HLB. The CS/ACS may not execute his/her own GAF, and likewise, the attesting officer may not attest his/her own GAF.

If the CS/ACS or attesting officer’s signature is not on file, a phone call will be made on a recorded line, to verify this individual is employed at the institution.

Please return completed GAFs to:

**Credit & Correspondent Services Administration
Federal Home Loan Bank of New York
30 Montgomery Street
Jersey City, NJ 07302-3821**

or E-Mail GAFs to:

DepositServices@FHLBNY.com

or Fax to:

201-356-1981

Note: *The term “electronic record” means a contract or other record created, generated, sent, communicated, received, or stored by electronic means. The term “electronic signature” means an electronic sound, symbol, or process, attached to or logically associated with a contract or other record, and executed or adopted by a person with the intent to sign the record. The Customer hereby agrees that electronic signatures and records utilized in its transactions with the Bank (including this GAF) shall have the same force and effect, as signatures and records produced or communicated by non-electronic means.*



GLOBAL AUTHORIZATION FORM ("GAF")

SECTION 1

Date: _____

Customer Name: _____

Street Address: _____

City, State & Zip: _____

User Name: _____
(Print or Type, include: Mr., Mrs., or Ms.)

User Signature: _____
(Must be an original signature)

New User:

Update User:

Delete User:

Update 1Link permissions

Remove 1Link permissions

Remove 1Link transaction permissions

No longer with institution

Delete **all** permissions (still with institution)

Cust. #: _____ Add'l. Cust. #'s: _____, _____

Note: If you have a 3-digit account, please leave the last line blank.

Telephone: _____ Ext. _____

Fax: _____

User Title: _____

E-Mail Address: _____

SECTION 2

Information Reporting: Prior & Current Day Balances, Customized, and Special Reports

Authority Level: Check this box, if the User requires access to **Only Information Reporting** for all your accounts via 1LinkSM, and **No Transaction Entitlements** are required. **Proceed to Section 5 and do not complete Section 3 or 4.**

SECTION 3

Transaction Authority Level: Select either Option 1 or Option 2

STANDARD

HLB Standard Permissions: 1Link Information Reports & Transaction Authority via Phone, 1LinkSM, and Fax
(Faxes are **Only** accepted for Safekeeping transactions.)

Option 1: Perform **All** HLB Transactions, via methods described above, in addition to Information Reporting access via 1LinkSM. Dollar limits will be set as "Unlimited". **If selected, complete Only the Wire and Safekeeping areas in Section 4, denoted by the double asterisks (**)** and continue to Section 5.

Option 2: **Specific** Transaction Permissions will be selected in Section 4. This User will also have Information Reporting access via 1LinkSM for all your accounts. If selected, proceed to Section 4 to select specific User permissions. **Each part of Section 4 must be completed, even if no transaction permissions are to be granted.**

SECTION 4

Wire Transfer Permissions	Book Wire Permissions – "1Link Only"
Authority Level: <input type="checkbox"/> A. Perform All Wire Transfers <input type="checkbox"/> <i>Initiate and Approve/Confirm Repetitive Wire Transfers at Customer Level</i> <input type="checkbox"/> B. Initiate Only <input type="checkbox"/> <i>Repetitive/Non Repetitive</i> <input type="checkbox"/> <i>Repetitive Only</i> <input type="checkbox"/> <i>Non-Repetitive Only</i> <input type="checkbox"/> C. Approve/Confirm Only <input type="checkbox"/> D. No Wire Transfer Permissions	Authority Level: <input type="checkbox"/> A. Perform All Book Wires <input type="checkbox"/> <i>Initiate and Approve/Confirm Repetitive Book Transfers at Customer Level</i> <input type="checkbox"/> B. Initiate Only <input type="checkbox"/> <i>Repetitive/Non Repetitive</i> <input type="checkbox"/> <i>Repetitive Only</i> <input type="checkbox"/> <i>Non-Repetitive Only</i> <input type="checkbox"/> C. Approve/Confirm Only <input type="checkbox"/> D. No Book Wire Permissions
** Should this User be identified as the Institution's Primary Wire Security Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No ** Should this User be identified as the Institution's Secondary Wire Security Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Your Institution's ABA#: _____ User Dollar Limit: \$ _____ or <input type="checkbox"/> Unlimited Account #'s from which the User may transact Wires:	

SECTION 5

Letter of Credit Permissions

Authority Level: A. Perform All Letter of Credit Transactions C. Perform Municipal Letter of Credit Transactions
 B. Perform Stand-by Letter of Credit Transactions D. No Transaction Permissions

SECTION 4 (continued)

Safekeeping Permissions

Authority Level: A. Perform All Safekeeping Transactions
 B. Verify Free Deliveries **Only**
 (Note: On 1Link the User has the Ability to Approve all Safekeeping Transactions)
 C. No Safekeeping Transaction Permissions should be granted

****This User has:** No Counter-signature Required Counter-signature Required

Please Note: Two Users are required to process Free Delivery transactions. Additionally, if this User is granted 1Link permissions (below) with an Authority Level of A, and the Counter-signature Requirement is selected, ALL 1Link Safekeeping Users for your institution will have a Counter-signature requirement.

Advance & Commitment Permissions

Authority Level: A. Perform All Advance & Commitment Transactions
 B. Initiate **Only**
 C. Verify **Only**
 D. No Advance & Commitment Transaction Permissions should be granted

Process Advance Transactions on 1Link: These permissions and dollar limits will be applicable **Only** to Internet transactions.

Please Note: **Only one User is required to process Advance transactions.**

Overnight Dollar Limit: _____ or **Unlimited**
 Short-Term **Only** (= 2-360 days) Dollar Limit: _____ or **Unlimited**
 Long-Term **Only** (= to or > one year) Dollar Limit: _____ or **Unlimited**

1Link Permissions

Please Note: If the User has Wire Permissions with any other Permissions, the Wire Permissions Authority Level must be either A or B.

Authority Level: A. User may access 1Link for Transaction Permissions specifically designated. This is in addition to the Telephonic or Fax permissions
 B. No 1Link Transaction Permissions should be granted

SECTION 5

Pursuant to the terms of the Federal Home Loan Bank of New York's ("HLB") following agreements: (a) Correspondent Services Agreement HLB-104, (b) Wire Transfer Agreement HLB-108, (c) Advances, Collateral Pledge and Security Agreement HLB-101, (d) Application for Credit Lines Under the Overnight Repricing Advance Program HLB-119, and (e) the Irrevocable Letter of Credit Reimbursement Agreement HLB-115, as may be amended from time to time by the HLB, I, _____, duly elected, qualified and acting Corporate/Assistant Corporate Secretary of Customer, hereby certify that the name and specimen signature on page 1 is of a person who is duly authorized by resolution of Customer's Board of Directors to act for and on behalf of Customer and to be recognized by the HLB for the purpose of executing transactions based on the entitlements indicated on this form. This designated person shall not have the authority to further delegate the powers delegated herein. It is understood by the Customer that (i) the Attester to this signature form can also be listed as a person with whom the HLB already has an existing specimen signature on file, (ii) upon filing with the HLB, this form will **supersede** and expressly revoke all prior signature forms or other information or instructions on file with the HLB with respect to the matters covered by this form; and (iii) additions or written-in changes to this form will not be honored by the HLB. If there are changes, a new GAF must be completed and submitted to the HLB. The HLB shall be protected in relying on an existing GAF until it has had a reasonable time to act upon a GAF providing additional or different information or indicating a revocation of authority. **Executor below must not be listed to initiate, verify or confirm any transactions. (GAF Waiver Authorization (HLB-107) is required if the Executor is permitted to execute GAFs and also engage in transactions).**

In Witness Whereof, I have hereunto subscribed my name this _____ day of _____, 20____.

Executed	Attested
By: _____	By: _____
Print Name: _____	Print Name: _____
Title: _____ (Must be Corporate/Assistant Corporate Secretary)	Title: _____ (Must be an Officer)
Telephone: _____ Ext: _____	Telephone: _____ Ext: _____