



**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](http://www.fhlbny.com), in the "Members" tab under Forms & Agreements > HLB Member Required > 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 three 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.

**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 [MSD@FHLBNY.com](mailto:MSD@FHLBNY.com).

**CUSTOMER INFORMATION**

**Date:** Enter the date that the GAF was completed.

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

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

**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).

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

**USER INFORMATION**

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

**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*).

**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.)

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

### **WIRE SECURITY CONTACT**

Indicate if this user should be identified as the Institution's Primary or Secondary Wire Security Contact. Indicate if the user should not be identified as either the Primary or Secondary Wire Security Contact.

### **SECTION 2 – INFORMATION REPORTING**

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

A standard set of reports, including Prior & Current Day Balances, can be located in the 1Link system. If the User requires Custom Safekeeping Reports, the User will receive a second user name and password for the 1LinkSK System.

### **SECTION 3 – TRANSACTION AUTHORITY LEVEL**

*Section 3 defines two available options:*

**OPTION 1: HLB Standard Permissions** - Provides the user access to perform **ALL** HLB transactions, with an "**Unlimited**" dollar value for all services. When selecting this option, please (1) provide the Demand Account #'s from which the User may transact Wires, and (2) indicate whether or not a countersignature is required for Safekeeping Transactions.

***Note:** The User will be set up on both the 1Link and the 1LinkSK systems, and will receive separate user names, temporary passwords, access codes, and security devices for both systems.*

**OPTION 2: Specific Transaction Permissions** - Provides the User with specific transaction permissions, as described in **Section 4**. If **Option 2** is selected, proceed to **Section 4**.

### **SECTION 4 – SPECIFIC TRANSACTION PERMISSIONS**

Select permissions within each category under **Section 4**. If any individual permission is not required, indicate by checking the last option of within the category – "No Permissions should be granted."

#### **1LINK PERMISSIONS**

In addition to completing transactions telephonically, users have the option to access the Bank's 1Link System to transact online. If **Option A** is chosen, the User will be able to transact via the 1Link system as well as telephonically; and will receive a username, a temporary password, and an access code for the 1Link System. If **Option B** is selected, the user will only be able to transact telephonically, and will receive a username and a password for the 1Link System with the ability to view reports.

#### **WIRE TRANSFER / BOOK WIRE PERMISSIONS**

If Options A, B or C are selected under Wire Transfer or Book Wire Permissions, please indicate the Demand Account #'s from which the User may transact Wires. For the selected options, please indicate whether the User has an "Unlimited" Dollar Limit or a "Specified" Dollar Limit. If left blank, an "Unlimited" Dollar Limit will be automatically assigned to this user.

If "**Initiate Repetitive Only**" is selected and the Repetitive Wire Transfer(s) is/are processed via 1Link, 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".

#### **ADVANCES & COMMITMENT PERMISSIONS (TELEPHONIC ONLY)**

Select the appropriate option for the User to be able to process Advances and Commitment transactions telephonically.

**ADVANCES TRANSACTIONS VIA 1LINK**

Please indicate the type(s) of transactions which the User can access via the 1Link system. For the selected options, please indicate whether the User has an "Unlimited" Dollar Limit or a "Specified" Dollar Limit per transaction.

**SAFEKEEPING TRANSACTION PERMISSIONS**

If Option A is selected, please indicate whether or not a Countersignature is required to process safekeeping transactions.

**Note:** *If option A is selected, the user will receive a separate user name and a security device for the 1LinkSK System.*

**LETTER OF CREDIT PERMISSIONS**

Select the types of Letter of Credit transactions that the User is permitted to transact.

**Note:** *Letters of Credit can only be performed over the phone.*

**SECTION 5**

**Your institution's Corporate Secretary/Assistant Corporate Secretary, Board Secretary, President or CFO must certify that the contents of the GAF are accurate, and that the User is authorized to act on behalf of the institution.**

**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 Executing Officer must type or print the date of execution, sign, and print his/her name, title, and phone number under the "Executor" heading. The Attesting Officer must provide the same under the "Attestor" heading. The attesting officer must be an officer of the institution whose signature is on file at the HLB. The Executing officer may not execute his/her own GAF, and likewise, the attesting officer may not attest his/her own GAF.

If the executing officer's 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:**

Member Services Desk  
Federal Home Loan Bank of New York  
101 Park Avenue, Floor 6  
New York, NY 10178-0601

**or E-Mail GAFs to:**

MSD@FHLBNY.com

**or Fax to:**

(888) 486 - 2307

Please call (800) 546-5101 option 1 with any questions on completing the form.

**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")

The GAF is an interactive form, 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 three or more fully executed GAFs.

<input type="checkbox"/> <b>New User</b>	<input type="checkbox"/> <b>Update User</b> <input type="checkbox"/> Update permissions <input type="checkbox"/> Remove <u>transaction</u> permissions	<input type="checkbox"/> <b>Delete User</b> <input type="checkbox"/> No longer with institution <input type="checkbox"/> Delete <u>all</u> permissions <i>(User is still with the institution)</i>
<b>CUSTOMER INFORMATION</b>	<b>USER INFORMATION</b>	
Date: _____	User Name: _____ <i>Print or Type, include: Mr., Mrs., or Ms</i>	
Customer Name: _____	User Signature: _____ <i>Must be an original signature</i>	
Street Address: _____	User Title: _____	
City: _____ State: _____ Zip: _____	E-Mail Address: _____	
Customer #: _____ Additional Customer #'s (if applicable): _____	Telephone: _____ Ext. _____	
	Fax: _____	
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		

<b>SECTION 2</b>	<b>INFORMATION REPORTING: PRIOR &amp; CURRENT DAY BALANCES, CUSTOMIZED, and SPECIAL REPORTS</b> <i>Please select the appropriate option(s) below and proceed to <b>Section 5</b> (do not complete <b>Section 3 or 4</b>) You may select one or both.</i>
	<input type="checkbox"/> Check this box, if the User requires access to <b>Only Information Reporting</b> for all your accounts via 1Link <sup>sm</sup> , and <b>No Transaction Permissions</b> are required.
	<input type="checkbox"/> Check this box, if the User requires <b>Custom Safekeeping Reports</b> via 1LinkSK in addition to the standard set of reports. <i>Note: that if this option is selected, the user will receive a second user name and password for the 1LinkSK System.</i>

<b>SECTION 3</b>	<b>TRANSACTION AUTHORITY LEVEL:</b> <i>Please select either <b>Option 1</b> or <b>Option 2</b> below.</i>
<b>STANDARD</b>	<input type="checkbox"/> <b>OPTION 1: HLB STANDARD PERMISSIONS (1Link &amp; 1Link SK Information Reporting &amp; Transaction Authority* via Phone, 1Link<sup>sm</sup>, and Fax)</b> <i>Faxes are Only accepted for Safekeeping transactions</i> Perform <b>All HLB Transactions</b> , via methods described above, in addition to Information Reporting access via 1Link <sup>sm</sup> & 1LinkSK <sup>sm</sup> , Dollar limits will be set as "Unlimited. <i>If you select this option, indicate Demand Account #'s below, check the appropriate option for Countersignature, and continue to Section 5.</i> <b>Demand Account #'s from which the User may transact Wires:</b> _____ _____ <b>Countersignature for Safekeeping Transactions:</b> <input type="checkbox"/> None Required <input type="checkbox"/> Required** <i>* The user will separate user ID's and security devices for 1Link &amp; 1LinkSK Systems.</i> <i>** Two Users are required to process Free Delivery transactions. Additionally, if Countersignature "Required" is checked, ALL 1Link Safekeeping Users for your institution will have a Countersignature requirement.</i>
	<input type="checkbox"/> <b>OPTION 2: SPECIFIC TRANSACTION PERMISSIONS</b> Transaction Permissions will be selected in <b>Section 4</b> . This User will also have Information Reporting access via 1Link <sup>sm</sup> for all of your accounts. If selected, proceed to <b>Section 4</b> to select specific User Permissions. <b>Note:</b> Each part of <b>Section 4</b> must be completed, even if no transaction permissions are to be granted.

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**1LINK PERMISSIONS**

- A. User may access 1Link<sup>sm</sup> & 1LinkSK for Transaction Permissions specifically designated. This is in addition to the Telephonic or Fax permissions
- B. Telephonic Transaction Permissions Only will be granted

**WIRE TRANSFER PERMISSIONS**

- A. Perform **All** Wire Transfers
  - B. Initiate **Only**
    - Repetitive/Non Repetitive
    - Repetitive Only
    - Non-Repetitive Only
  - C. Approve/Confirm **Only**
  - D. No Wire Transfer Permissions should be granted
- User Dollar Limit: \$ \_\_\_\_\_  
(If left Blank, **Unlimited Dollar Limit** will be assigned to this user)

**BOOK WIRE PERMISSIONS – "1LINK<sup>sm</sup> ONLY"**

- A. Perform **All** Book Wires
  - B. Initiate **Only**
    - Repetitive/Non Repetitive
    - Repetitive Only
    - Non-Repetitive Only
  - C. Approve/Confirm **Only**
  - D. No Book Wire Permissions should be granted
- User Dollar Limit: \$ \_\_\_\_\_  
(If left Blank, **Unlimited Dollar Limit** will be assigned to this user)

**Demand Account #'s from which the User may transact Wires:** \_\_\_\_\_

**ADVANCES & COMMITMENT PERMISSIONS – TELEPHONIC ONLY**

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

**PROCESS ADVANCE TRANSACTIONS ON 1LINK**

*These permissions and dollar limits per transaction will be applicable only to Internet Transactions*

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

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

**SAFEKEEPING TRANSACTION PERMISSIONS**

*This Option grants the user permission to perform transactions and/or view custom safekeeping reports via the 1LinkSK system.*

- A. Perform **All Safekeeping Transactions\*** (includes Info-Reporting) → **Countersignature:**  None Required  Required \*\*
- B. **Information Reporting Permissions Only\***
- C. No Safekeeping Transaction Permissions should be granted

\* If **Option A or B** above is selected, the user will receive a separate User ID and/or Security Device to access the 1LinkSK system.  
 \*\* Two Users are required to process Free Delivery transactions. Additionally, if this User is granted 1Link permissions (above) with an Authority Level of A, and the Countersignature Requirement is selected, ALL 1Link Safekeeping Users for your institution will have a Counter-signature requirement.

**LETTER OF CREDIT PERMISSIONS: Letter of Credit transactions can only be performed over the phone**

- A. Perform All Letter of Credit Transactions
- B. Perform Stand-by Letter of Credit Transactions
- C. Perform Municipal Letter of Credit Transactions
- D. No Transaction Permissions should be granted

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, the undersigned executor, 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 permissions 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

**Executor**

**Attestor**

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
*Must be Corporate/Assistant Corporate Secretary, Board Secretary, President or CFO*

Title: \_\_\_\_\_  
*Must be an Officer*

Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_