Federal Home Loan Bank
NEW YORK

[redacted] ID: HDP-002 [redacted]

HOMEBUYER DREAM PROGRAM®, HOMEBUYER DREAM PROGRAM® PLUS, AND HOMEBUYER DREAM PROGRAM® WEALTH BUILDER SECURE FILE TRANSFER SYSTEM ENROLLMENT FORM

Member Number | **Member Name**

Primary Member Contact

Name | **Title**

Phone Number | **Email Address**

Member Contact for the FHLBNY Website

(Participating program members are listed on the FHLBNY website)

Name | **Title**

Phone Number | **Email Address**

Authorized Program Administration Member Users

The contacts for whom User IDs are being requested are authorized representatives of the member, designated to submit household documentation to the Federal Home Loan Bank of New York. The member User will be responsible for all access to and usage of the Secure File Transfer System ("FTS").

A maximum of three User IDs are allowed per member. If additional User IDs are required, please email us at HDP@fhlbny.com.

User Contact Name:	User Title:	User Contact Phone #:	User Contact E-mail:

GENERAL SECURITY STATEMENT

I agree to take all actions necessary to preserve the security and confidentiality of all information related to the Secure File Transfer Service ("FTS"). I understand that my User Passwords and login IDs are intended to provide security against unauthorized entry and access to the FTS. If I become aware of the unauthorized use of any information regarding the FTS, including but not limited to any unauthorized use of my User ID and/or Password, or if I suspect that any unauthorized use may occur, I must immediately instruct the FHLBNY to revoke authority for said User ID and/or Password to use the FTS. I understand that data transferred via the FTS shall be encrypted in an effort to provide transmission security. However, notwithstanding the FHLBNY's belief that the FTS is secure, I acknowledge that all data transfers, including electronic mail, occur openly on the Internet and potentially can be monitored and read by others. I understand that the FHLBNY cannot and does not warrant or guarantee that any and all data transfers utilizing the FTS, or e-mail transmitted to and from the FHLBNY, will not be monitored or read by others.

By typing or signing your name below, you agree that you signed this document with an electronic signature. You intend your authorized electronic signature to have the effect of your written signature. You have viewed and read this disclosure and this document before you signed it and you agree to be bound by the terms contained in this document. Please print and/or save a copy of this document. We may rely on, and enforce, this document in electronic form or as a paper version of the electronic form.

SIGNATURE **DATE**

Email this completed form to: HDP@fhlbny.com