

ID: COL-130

SUBSIDIARY/AFFILIATE QUESTIONNAIRE

DATE:		
TO:	Collateral Operations - Documentation Federal Home Loan Bank of New York 70 Hudson Street, 7th Floor Jersey City, NJ 07032 Fax: (201) 356-1985 Email: collateraldocs@fhlbny.com	
FROM:		
1. Please p	provide information on the Subsidiary/Affiliate:	
Name	e:	
	ess:	
	e of Incorporation:	
Effec	tive Date:	
Is there an i ∐YES	intercompany lending agreement between the subsidiary/affiliate and	_?
Is there an i ∐YES	intermediary entity formed between the subsidiary and	_?
Name:		
State of Inc	orporation:	
Effective Da	ate: is a (check one):	
☐Operating	g Subsidiary	
Type of Bus Real Esta Subsidiar Registere Registere Insurance Real Esta Managen General I Investme Passive I	ate Investment Trust (also complete section 4) ry Depository Institution ed Broker or Dealer (Functionally Regulated) ed Investment Advisor (Functionally Regulated) ed Investment Company (Functionally Regulated) ee Company or Agency (Functionally Regulated) eate Development and Related Activities (Except Community Development-Related Investments) ment of Real Estate Owned and Other Repossessed Assets	

3.	Asset Composition of	

	Mortgage Assets	Dollar Amount	<u>Transfer Date</u>				
	One to Four Family	\$					
	Multifamily	\$					
	Commercial	\$					
	Security Assets	Dollar Amount	<u>Transfer Date</u>				
	MBS	\$ \$					
		\$					
4. Fc	or Subsidiaries only:						
	Ownership % (as a whole number	r):					
	Subsidiary Shares:						
	Common	Certificated	Uncertificated				
	Preferred						
	Other:						
5.	Please confirm intention to plea	dge:					
	☐ Intend ☐ DO NOT intend	to pledge sub	sidiary/affiliate assets to the Bank.				
PRIN	T NAME:						
	T TITLE:						
	TELEPHONE #:						
SIGN	IATURE:						