



SECURE SERVER ENROLLMENT FORM

Member ID #: _____ Company Name: _____

Data Submission(s):	Data Sent By: <i>(Please Select One)</i>	Data Sent from Company:	Data Sent from Contact Name:	Data Sent from Contact Phone #:	Data Sent from Contact E-mail:
<input type="checkbox"/> Test File 1	<input type="checkbox"/> Member/ Applicant <input type="checkbox"/> Servicer <input type="checkbox"/> Servicer Bureau				
<input type="checkbox"/> Test File 2	<input type="checkbox"/> Member/ Applicant <input type="checkbox"/> Servicer <input type="checkbox"/> Servicer Bureau				
<input type="checkbox"/> Test File 3	<input type="checkbox"/> Member/ Applicant <input type="checkbox"/> Servicer <input type="checkbox"/> Servicer Bureau				

GENERAL SECURITY STATEMENT

*I agree to take all actions necessary to preserve the security and confidentiality of all information related to the 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 site. 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 FHLB 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 FHLB’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 FHLB cannot and does not warrant or guarantee that any and all data transfers utilizing the FTS, or e-mail transmitted to and from the FHLB, will not be monitored or read by others.***

See next page for authorization information and signature

AUTHORIZED MEMBER/ APPLICANT CONTACT INFORMATION:**Phone Number:** (____) _____ - _____**E-Mail:** _____@_____**Title:** _____**SIGNATURE:****Date:** _____**S/** _____

(By typing or signing your name next to the S/ you indicate placement of your signature on this form and agree to be bound by the statements contained in this document.)

Click SUBMIT to send this completed form now to: CollateralDocs@fhlbny.com or mail to Federal Home Loan Bank of New York
Collateral Services Group/ Maria Maia
70 Hudson Street - 7th Floor
Jersey City, NJ 07302