

**ID:** SFK-005

## NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE GUDPA FORM

To:	FEDERAL HOME LOAN BANK OF NEW YORK Custody and Pledging Services					
	70 Hudson Street, 7 <sup>th</sup> Floor, Jersey City, NJ 07302					
	securities listed below ("Securities") are ant to the terms of the Correspondent	Services Agr	, , ,	nded from time to tin	New York ("Bank	•
DESC	CRIPTION OF SECURITIES	DAD VALL	JE/ORIGINAL FACE	CUSIP NUMBER	(Mark one) PLEDGE	RELEASE
DESC	CRIF HON OF SECURITIES	PAR VALC	JE/ORIGINAL FACE	COSIF NUMBER	FLEDGE	NELEASE
Depa	Bank is hereby authorized to transfer the transfer the transfer of Banking and Insurance, Division	n of Banking ('	"Beneficiary"). P.O. Box 0-	40, Trenton, NJ 08625	-0040.	
C	Instructions for the release, transfer, sale or other disposition of the Securities must be accompanied by the written consent of the Customer and Beneficiary. Absent such mutual consent, the Bank shall be under no obligation to take any action with respect to the Securities unless legally required to do so.					
2. A	Activities concerning the Securities are settled through Customer's Demand Deposit Account at the Bank. Thus, interest, dividends,					
3. T S c	and any other periodic payments (howsoever denominated) in respect of the Securities are payable solely to Customer.  The Bank shall have no responsibility for the renewal of the pledge upon maturity of the Securities. Upon the maturity of the Securities, the value of the Securities shall be credited to Customer's Demand Deposit Account upon receipt by the Bank of a written consent signed by the Beneficiary. Absent such written consent signed by the Beneficiary, the value of the Securities will continue to be pledged to the Beneficiary.					
law, a Custo relatir	mer agrees to comply with, and be bour s now or hereinafter in effect. The Bank mer indemnifies and holds the Bank har og to this authorization including, but not l orm shall remain in effect until revoked	shall be entitl mless against limited to, the	ed to reasonable compens any and all expenses, cla release of the Securities to	ation for services rend ims, liabilities, losses, Beneficiary.	ered under this a and damages ari	uthorization. ising from or
	iciary.	in writing by	oustomer, which revocation	on shall be accompan	ied by the white	i consent of
			CUSTOMER			
			(Full Corporate Name)			
			Authorized Signature		Date	
ACKN	IOWLEDGED:					
BENE	FICIARY					
State	of New Jersey Department of Banking ar	nd Insurance,	Division of Banking			
Autho	rized Signature	Date				