



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 (FHLBNY) website, www.fhlbny.com, in the "Members" tab under Forms & Agreements > FHLBNY Member> Required Forms > 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 FHLBNY. 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.

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 FHLBNY. (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: FHLBNY Standard Permissions - Provides the user access to perform **ALL** FHLBNY 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 **cannot** 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 FHLB NY. 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@FHLB NY.com

or Fax to:

(888) 486 - 2307

Note Regarding Electronic Signatures

This GAF may be signed using an electronic signature. If an electronic signature is used for the "User Signature" section, the signature must reflect the individual's handwritten signature (e.g., a picture using PDF or another format of the handwritten signature may be attached to this section). The User Signature may not be signed using a computer-generated signature (e.g., using a script font type in Word).

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

1LINK PERMISSIONS

- A. User may access 1Link & 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 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 (FHLBNY) 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 FHLBNY, I, the undersigned duly authorized executor, 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 FHLBNY 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 FHLBNY already has an existing specimen signature on file, (ii) upon filing with the FHLBNY, this form will **supersede** and expressly revoke all prior signature forms or other information or instructions on file with the FHLBNY 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 FHLBNY. If there are changes, a new GAF must be completed and submitted to the FHLBNY. The FHLBNY 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).**

Executor

Attester

By checking this box, I agree that I signed this GAF with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature.

By checking this box, I agree that I signed this GAF with an electronic signature. I intend my electronic signature to have the same force and effect as my manual signature.

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: _____

SECTION 4

SECTION 5