



### Security Device Application Form

If you need assistance completing this form, or if you have any other reason to contact the Federal Home Loan Bank of New York concerning your Security Device, please contact a 1Link Security Administrator *only* at Option 4 of the 1Link Help Desk Call Center at 1-800-546-5101.

**Please enter your Personal ID Word in the section below, keep it personal and confidential, seal and mail this form directly to: 1Link Security Administrator, Federal Home Loan Bank of New York, 70 Hudson Street, Jersey City, NJ 07302, or email: 1LinkSecurityServices@fhlbny.com**

\_\_\_\_\_  
Member Name

Customer # \_\_\_\_\_

**Note:** If you have a 3-digit account, please leave the last line blank.

\_\_\_\_\_  
Address (no P.O. Box)

Please print or type.

Your security device will be sent via overnight delivery to the address listed on your Global

Authorization Form.

*Address cannot be a P.O. Box.*

\_\_\_\_\_  
City State Zip

When calling the 1Link Security Administrator for activation or PIN assistance, you must be reachable through an official number on file. You must have an active Global Authorization Form on file with Section 4, "1 Link Permissions" Box A checked to be issued a Security device.

#### Acceptance:

*I understand that the use of this security device and 1Link are governed by the Correspondent Services Agreement (as amended) and the Correspondent Services Manual (as amended). I further understand that I am personally responsible for safeguarding the security device and the associated Personal Identification Number (PIN).*

*Furthermore, I specifically understand that I am responsible for any activity transacted with the Federal Home Loan Bank of New York authorized with this device and that the PIN and security device are not transferable to any other person. A Global Authorization Form (GAF) granting me entitlements and access to specific accounts appropriate for my position with the Member must be in place.*

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

\_\_\_\_\_  
Requesting User (Print Name)

\_\_\_\_\_  
Requesting User (Sign)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

#### Personal ID Word: *Please ensure confidentiality of this secret Personal ID.*

Print a word or short phrase (in the box below) that you can easily remember and only you know. You will be asked for this word as identification when you call a 1Link Security Administrator whenever you need assistance with your security device (Option 4 of the 1Link Help Desk Call Center at 1-800-546-5101).

**You should not share this word or phrase with anyone. If you forget your Personal ID Word, a new form will be required before assistance can be provided.**

**Any form without a Personal ID Word will be invalid. Any form that appears compromised will be invalid.**

**Note: This form will be rejected if this is left blank.**

**Personal ID Word (Type or Print)**

#### For FHLBNY Use ONLY

Sig.

Add

Trans

Document Number