

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, 7th Floor, Jersey City, NJ 07302

(Mark one)

		(Mark one)	
DESCRIPTION OF SECURITIES	PAR VALUE/ORIGINAL FACE	CUSIP NUMBER	<u>PLEDGE</u>	<u>RELEASE</u>

The FHLBNY is hereby authorized to transfer the Securities to a collateral status for the account and benefit of the State of New Jersey Department of Banking and Insurance, Division of Banking ("Beneficiary"). P.O. Box 040, Trenton, NJ 08625-0040.

It is understood that:

- 1. Customer shall provide written instructions for the release, transfer, sale or other disposition of the Securities that is signed by an authorized representative, in accordance with the Customer's Global Authorization Forms ("GAF"). The FHLBNY will not take any action with respect to the Securities unless the Customer provides specific instructions.
- 2. Fees and payments related to the Securities are settled through the Customer's Demand Deposit Account at the FHLBNY. Therefore, interest, dividends, and any other periodic payments (however denominated) with respect to the Securities are payable to Customer.
- 3. When the Securities mature, if the Customer provides a written request to release the third-party pledge, the value of the Securities will be credited to the Customer's Demand Deposit Account. When the Securities mature, if the Customer does not provide a written request to release the third-party pledge, the value of the Securities will continue to be pledged to the third party.

Customer agrees to comply with, and be bound by, the terms of the Agreement, the policies and procedures of the FHLBNY, and applicable law, as now or hereinafter in effect. Customer agrees to the terms of this Third Party Pledge Form. The FHLBNY shall be entitled to reasonable compensation for services rendered under this authorization. Customer agrees to indemnify FHLBNY and holds the FHLBNY harmless against any and all expenses, claims, liabilities, losses, and damages arising from or relating to third party pledges including, but not limited to, the release of the Securities. This Third-Party Pledge Form will remain in effect until revoked in writing by Customer, which revocation shall be accompanied by the written consent of Beneficiary.

The Customer agrees that signing this form with electronic signatures is intended to have the same force and effect as manual signatures

CUSTOMER:		BENEFICIARY:	
(Full Legal Name)		State of NJ Department of Banking ar	nd Insurance, Division of Banking
Authorized Signature	Date	Authorized Signature	Date
Print Name		Print Name	
Authorized Countersignature (if applicable)	Date		